

CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

2015-2016



Edward Hines, Jr. VA Hospital

Caroline Hawk, Ph.D.
Psychology Training Director
Psychology Service (116B)
5000 South Fifth Avenue
Building 228, Room 3021
Hines, Illinois 60141-3030

Telephone: (708) 202.2444
Fax: (708) 202.2687

Applications due: January 2, 2015
Fellowship year begins: September 8, 2015

Emphasis Areas:

Integrated Care Psychology
LGBT Health Care
Medical Rehabilitation Psychology
Neuropsychology
Trauma and Posttraumatic Stress Disorder

TABLE OF CONTENTS

Introduction	3
Hines VA Hospital	3
Academic Affiliations	4
Psychology Service	5
Philosophy and Mission Statement	5
Training Model	6
Training Program Goals and Focus	8
Training Objectives and Core Competencies	9
Program Structure	16
Rotational Structure	16
Illinois Licensure	17
Supervision and Mentorship	17
Supervision Rights and Responsibilities	18
Psychology Training Director	18
Postdoctoral Fellowship Training Committee	19
Psychology Ombudsman	19
Seminars	20
Teaching Opportunities	21
Research Opportunities	21
Diversity Programming	21
Evaluation	22
Grievances and Discrimination	23
Advisement and Termination	24
Non-Discrimination Policy	24
Commitment to Diversity	25
Fellowship Selection	25
Interviews	25
Psychology Service Staff Descriptions	27
Past Fellows	35
Internship and Externship Training in Psychology	38
Rotational Structure	38
Emphasis in Integrated Care Psychology	39
Emphasis in LGBT Mental Health	51
Emphasis in Neuropsychology	60
Emphasis in Medical Rehabilitation Psychology	64
Emphasis in Trauma and Posttraumatic Stress Disorder	73
Administrative Services	79
Physical Resources	79
Accreditation Status	79
General Information	80
Qualifications	80
Application Procedure	81
Directions	83
Map to Hines	84

INTRODUCTION

Thank you for your interest in postdoctoral training in Clinical Psychology at Edward Hines, Jr. VA Hospital. Hines VA was approved to offer postdoctoral training in Clinical Psychology beginning September 2008. Our Clinical Psychology fellowship program offers five emphasis areas within the umbrella of Clinical Psychology. These emphasis areas include: 1) Integrated Care Psychology, 2) LGBT Health Care, 3) Medical Rehabilitation Psychology, 4) Neuropsychology, and 5) Trauma and Posttraumatic Stress Disorder. All fellowship positions are for one year, with the exception of our neuropsychology emphasis position, which is a two year fellowship. The first year of the neuropsychology emphasis position falls within our APA accredited traditional practice fellowship, and the fellow is expected to meet all of the programmatic requirements of our traditional practice fellowship program. The second year of training is entirely focused in clinical neuropsychology. Through completion of both years, the Fellow in our Neuropsychology emphasis will meet the programmatic requirements of our traditional practice program AND Houston Conference Guidelines for training in clinical neuropsychology. We **will NOT** be recruiting this winter for a Fellow in our Neuropsychology emphasis. Our current neuropsychology Fellow will be in the second year of training during 2015-2016.

Our Postdoctoral Fellowship Program began in 2008. The Commission on Accreditation completed its first Site Visit for the purpose of initial accreditation by APA in October 2012 and awarded our Fellowship program 7 years of full APA Accreditation. Our next site visit will be in late 2019.

The Fellowship is organized within Psychology Service at Hines VA Hospital, which is a department within the Hospital's Mental Health Service Line. The Fellowship year begins September 8, 2015, and ends September 6, 2016. Each Fellow participates in major and minor rotations within their area of emphasis. This structure is designed to ensure that all fellows receive training in all areas of our Program's training objectives (i.e., psychotherapy, assessment and consultation). Research experience is elective and may not exceed 25% of the Fellowship year.

HINES VA HOSPITAL

Edward Hines, Jr. VA Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located 12 miles west of downtown Chicago, on a 147 acre campus. The hospital is a tertiary referral center with many specialty services, including some that serve a large U.S. regional area. Hines is authorized to operate 471 hospital beds, and logged over 631,000 outpatient visits last year. The hospital staff and students saw approximately 56,000 patients last year. Hines has one of the largest research programs in the VA system, with 553 projects, 159 investigators, and an estimated budget of approximately \$20 million (VA and non-VA). The units and patient programs served by Psychology Service include: Ambulatory Care/Primary Care, Blind Rehabilitation, Community-Based Outpatient Clinics, Community Living Center (Geriatric), Compensation and Pension, Emergency Department, General Medicine and Surgery, Health Promotion and Disease Prevention Program, Home Based Primary Care, Infectious Disease, Inpatient/Residential Rehabilitation Psychiatry, Managing Overweight/Obesity in Veterans Everywhere Program, Memory Disorders Clinic, Mental Health Clinic (Outpatient Psychiatry), Mental Health Intake Center, Mental Health

Intensive Case Management, Mental Health Transplants, Neurosurgery, Neurology, Oak Park Vet Center, Patient Centered Medical Home Program, OEF/OIF Primary Care Psychology, Physical Medicine and Rehabilitation, Polytrauma Program, Primary Care Mental Health Integration Program, Psychosocial Rehabilitation and Recovery Center, Spinal Cord Injury & Disorders, Substance Abuse (inpatient and residential), Traumatic Brain Injury Clinic, and Trauma Services Program.

As a VA hospital, Hines is dedicated to the care of veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all veterans who have limited financial resources. Fellows are afforded ample opportunity to provide psychological evaluation, treatment and consultation to a veteran population that is characterized by diversity across socio-economic status, race, ethnicity, religion, gender, sexual orientation, age and physical as well as cognitive ability. As a VA Hospital, the patient population is heavily skewed toward men, but approximately 4,500 female veterans were enrolled last year at Hines. Twenty-two percent of veterans under age 35 at Hines are female. Training opportunities also often include involvement with partners and caregivers who may be female, as well as with female veterans. Likewise, as a VA Hospital, we provide services to veterans who have served across various wartime periods (i.e., World War II, Korean Conflict, Vietnam Era, Gulf War, Operation Enduring Freedom /Operation Iraqi Freedom/Operation New Dawn) as well as to individuals serving during peacetime. Our patient population reflects the notable ethnic diversity of the Chicago area, although the patient population is likely more predominantly European- and African-American than the overall Chicago area population. Still, there are adequate opportunities to work with veterans who are Hispanic-American and Asian-American. Opportunities exist as well to work with LGBT patients and patients and family members/caregivers across the full spectrum of age from young adulthood to the elderly, as well as individuals with varying types of disabilities (i.e., sensory, physical, cognitive) and impairment levels (i.e., ranging from mild to severe). Religious and socio-economic diversity may be somewhat limited, as most patients come from a Christian background, but the large Chicago area Jewish and Muslim populations afford some religious diversity across caseload. To afford opportunities to work with a diverse patient population, supervisors make significant efforts to provide a caseload of patients that is characterized by diversity. Our hospital staff is characterized by notable diversity as well, and likely reflects the diversity of the Chicago area population.

The Hospital is accredited by The Joint Commission. Some hospital programs are accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

ACADEMIC AFFILIATIONS

Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in health care professions. 164 medical residents and 134 associated health trainees (including seven Psychology Interns and six Psychology Postdoctoral Fellows) receive funded training at Hines this year. An additional 1,587 students receive unfunded training this year (including 15 Psychology Externs).

Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and also maintains affiliations with the University of Illinois-College of Medicine, Chicago, and Northwestern University Feinberg School of Medicine. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago area, with 523 licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many health care fields. Several national, regional and state conferences and conventions, as well as the meetings of various psychological and related mental health professional associations are held on an annual basis in Chicago.

PSYCHOLOGY SERVICE

Psychology Service at Hines is one of several departments in the hospital's Mental Health Service Line. The Chief, Psychology Service, reports directly to the Service Line Manager. Psychology Service is comprised of 43 doctoral-level psychologists, and two program assistants. Three Loyola-based doctoral-level psychologists also serve as core faculty to our Internship Program. The broad range of expertise, background and experience represented in the staff at Hines is also reflected in the diversity of their professional assignments throughout the hospital. Most are involved in the training program as either major or minor supervisors. There is a wide range in experience and theoretical orientation, as well as academic background. Supervisors are actively involved in professional psychology associations and organizations, may be actively engaged in research, program development and evaluation, and/or professional administrative and leadership functions in the hospital that reflect their expertise and that provide modeling experience to interns. Some supervisors hold faculty appointments at universities in the Chicago area and several serve as national trainers within their discipline.

Psychology has maintained a Psychology Externship Program since 1947, and a Psychology Internship Program since 1950. The Internship Program has been formally accredited by APA since 1976. The Internship Program is designed to foster significant clinical and didactic collaboration between interns and fellows. Information about our Internship Program is available on our webpage: http://www.hines.va.gov/about/psychresidency/Psychology_Internship.asp

As mentioned above, our Postdoctoral Fellowship Program began in 2008. The Fellowship Program was awarded 7 years of full APA Accreditation in October 2012. Our next site visit will occur in late 2019.

PHILOSOPHY AND MISSION STATEMENT

The overarching purpose of the program is to prepare postdoctoral Clinical Psychology Fellows for advanced practice across a broad range of competencies viewed as necessary for independent professional psychology practice. These competencies include assessment, psychotherapy and intervention, consultation, program development and evaluation, supervision, teaching, strategies of scholarly inquiry and clinical problem-solving, organization, management and administration relevant to Psychology, professional, ethical and legal conduct, and issues of cultural and individual diversity relevant to all the above. Complementing our goal of preparing Fellows for advanced professional psychology practice, the Program also helps Fellows develop skills for practice in high priority areas of health care for veterans. The Program's five emphasis areas include 1) Integrated Care Psychology, 2) LGBT Health Care, 3) Medical Rehabilitation Psychology, 4) Neuropsychology, and 5) Trauma and Posttraumatic Stress Disorder. Through their training across a variety of clinical placements, Fellows develop general advanced professional practice knowledge and skills as well as a depth of advanced knowledge and skills in working with specific populations. Fellows' training is consistent with our training program philosophy, as described below:

(1) Hines Psychology embraces the scholar-practitioner training model (Peterson, Peterson, Abrams and Stricker (1997), in which science and practice inform each other. This training model reflects the “mutuality of science and practice” as described by Hoshmand and Polkinghorne (1992). Reflecting a focus on evidence based clinical practice, Fellows are encouraged to base their conceptualization, assessments and interventions on the available scientific knowledge and, when applicable, empirically validated therapies, while also acknowledging the real limits of our scientific knowledge and the complexities of people in our clinical practice. This productive integration of science and practice permeates the clinical work across our department and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent ongoing focus on enhancement of skills in clinical conceptualization and critical thinking. The Program’s focus on productive integration of science and practice, development of skills in conceptualization and critical thinking, and exposure to various theoretical orientations, actualize our scholar-practitioner model. The Program’s encouragement of Fellows’ involvement in ongoing research and its requirements in program development and evaluation further support this training focus.

(2) Our long-range objective for each Fellow is to solidify the development of a sense of professional judgment, ethics, responsibility and identity, as well as compassion for others, consistent with independent professional practice as a clinical or counseling psychologist in both a generalist capacity and in the Fellow’s area of emphasis. Throughout the year we provide a supportive and collaborative atmosphere in which Fellows, under supervision and mentorship, can accept increasing responsibility for their professional work in collegial and interdisciplinary contexts. Our goal is for the Fellow to function and feel competent to function as an independently practicing clinical or counseling psychologist in psychological assessment and diagnosis, treatment, consultation, student supervision, teaching, administration relevant to professional practice, program development and evaluation and scholarly at the conclusion of the postdoctoral Fellowship year. Our Program attempts to foster development of these skills across practice areas within the context of the VA patient population and hospital system.

(3) Our philosophy is that a Fellow is viewed as a respected and important part of our health care team. A logical extension of this philosophy is that the Fellow's case load is determined by the amount of professional work that will optimize the Fellow’s learning experience. Their experience at Hines is training-based rather than production-based. Expectations for performance are solely based on training objectives.

(4) Fellows will have exposure to a demographically diverse caseload as they enhance their skills in cultural competence in assessment, treatment, and consultation. The training experience is optimized through individual appreciation and clinical understanding of human diversity as it interfaces all aspects of psychological practice.

TRAINING MODEL

Following our philosophy, we embrace a training model in which Fellows work across a number of clinical settings that optimizes breadth and depth of the knowledge and skills set required for independent professional psychology practice. This training model affords the Fellow the opportunity to develop advanced practice knowledge and skills in a number of hospital settings with a wide range of patient problems and different supervisors. The development of knowledge and skills in an area of emphasis is supported by rotational placements within that emphasis and are further advanced through the Fellow’s pairing with a Mentor in the Fellow’s area of emphasis.

Mentors, as well as other supervisors, model the integration of scholarly inquiry with clinical practice. Mentors and supervisors further promote the Fellow's initiative and self-direction in the Fellowship training year as the Fellow works toward achieving the knowledge, skills and identity necessary for independent professional practice in psychology. The training focus over the course of the year includes the following training objectives, which all Fellows are expected to develop to a level of knowledge and skills competency appropriate to independent advanced professional psychology practice:

1. Theories and methods of psychological assessment and diagnosis,
2. Theories and methods of psychological intervention,
3. Consultation,
4. Program development and evaluation,
5. Supervision,
6. Teaching,
7. Strategies of scholarly inquiry and clinical problem solving (including optional research),
8. Organization, management and administration relevant to psychology practice,
9. Professional, ethical and legal conduct,
10. Skills and knowledge in an area of emphasis, and
11. Knowledge and proficiency regarding issues of cultural and individual diversity that are relevant to all the above.

Reflecting our principle that clinical practice must embody a research and theory based orientation, we afford the Fellow an experience in which clinical practice is integrated with the scholarly inquiry surrounding practice. Reflecting that model, we especially seek postdoctoral applicants with strong scientific and theoretical grounding in clinical and counseling psychology. Training at Hines is viewed as an extension of the doctoral training the Fellow has received at their academic program and internship. The Fellow, their Mentor and the Training Director design each Fellow's training at Hines to ensure that it is integrated with the Fellow's doctoral training and is aimed at further progression and development of the Fellow's knowledge base, professional judgment and skills attainment as well as in professional capability and identity.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the Fellows' training needs and interests, with the Fellows' clinical work during Fellowship focused on preparing them to function in independent professional psychology practice. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment that includes mentoring and by training that is focused on enhancement of skills in psychological conceptualization in clinical practice.

The priority given to supervision and education for Fellows, which limits actual service delivery time, further demonstrates our Fellowship Program's focus on training over production. Fellows are not expected to work more than 40 hours weekly, to ensure adequate time for the Fellow to engage in reading, audiotape review, self-processing of clinical work, research-related activity (if desired), self-care and personal interests. Fellows spend approximately 25-28 hours weekly engaged in direct patient service delivery and related support activities (e.g., report writing, progress notes). Fellows have at least 4 ½ hours of supervision weekly and they typically schedule 2-3 hours weekly supervision with interns and/or externs. Approximately 8-10 hours weekly are devoted to didactics, meetings, research, paperwork and other commitments. Participation at educational seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the Fellows' clinical activity.

The extent of clinical activity in which Fellows participate is structured to afford them the opportunity to focus on intensive work with fewer patients rather than less intensive work with more patients. We believe that this focus allows for more conceptualized learning and for more opportunity to integrate theoretical and scientific grounding with clinical practice.

Although Fellows follow programmatically set Major Rotations, flexibility is afforded in selecting Fellowship activities that enhance skills within the area of emphasis and that enhance clinical skills across our Program's training objectives. Our ability to provide both broad-based training in core clinical training objectives and emphasis training reflects our wealth of rotational placements and supervisors available at Hines. Rotational selection and activity are based on Fellows' training needs that are requisites for achieving our Program's goals, on Fellows' training interests, and on supervisory availability. An assessment of the Fellow's training needs will be made by the Fellow, the Fellow's Mentor and the Training Director. Training assignments are made only after discussions between them.

Service delivery needs within the various clinics and programs at Hines do not play a role in determining rotational selection. Furthermore, the clinical functions carried by Fellows within a given setting are determined more by their training interests and needs than by the clinical service needs of the setting. Fellows are also assigned a demographically diverse caseload to promote their training in issues of individual and cultural diversity.

The Psychology Fellowship Program is committed to a training approach that is sensitive to human diversity. Fellows are assigned a caseload characterized by individual and cultural diversity and are encouraged to bring issues of cultural and individual diversity into supervision. Supervisors attempt to provide Fellows with female veterans for their caseload to promote caseload diversity by gender. Aspects of human diversity, including race, gender, ethnicity, sexual orientation, age, physical illness and disability are covered in didactics throughout the year. Fellows are also welcome to participate in hospital committees that focus on diversity in our workplace. These committees reflect the support and respect for diversity that characterizes our hospital.

Reflecting our focus on training that is sensitive to cultural and individual diversity, our Program also attempts to recruit classes that are characterized by cultural and individual diversity. We believe that a diverse Fellowship class promotes quality clinical care and optimizes the learning environment. We also believe that learning is enhanced by recruiting a class that is diverse across theoretical orientations.

Reflecting our emphasis on education, training on rotations is supplemented by workshops, seminars, lectures, and grand rounds, as described in Program Structure and in Rotation Descriptions. The didactic education and the supervision afforded the Fellow also aim to provide the Fellow with the means to integrate science and practice to a level appropriate for independent licensed practice as a professional psychologist.

TRAINING PROGRAM GOALS AND FOCUS

Training over the year focuses on helping Fellows develop skills in our training objectives to a point appropriate and competitive for independent licensed practice in professional psychology by the conclusion of the Fellowship year. By the conclusion of the Fellowship year, we expect our Fellows to achieve our objectives through a range of experiences in their area of emphasis. Fellows are supported in their development of skills and knowledge as well as their development

of an identity as an independently practicing psychologist through a mentorship with a psychologist practicing in the Fellow's area of emphasis and through intensive, yet collegial, supervision with a range of supervisors across the training year.

The overarching training goals may be summarized as follows:

1. Fellows will develop the knowledge and skills required for functioning as an independent professional psychologist with a veteran population, with a focus on the following training objectives: assessment, psychotherapy and intervention, consultation, supervision, teaching, strategies of scholarly inquiry and clinical problem-solving, program development and evaluation, organization, management and administration in psychology practice, professional, ethical and legal conduct, and issues of cultural and individual diversity relevant to the above.
2. Fellows will develop professional knowledge and skills necessary for more specific and focused practice in a high priority area of health care for veterans, within an area of emphasis.

Our core competencies define our objectives. Developing these core competencies to this skills level can be viewed as the training objectives that operationalize our program's overall goal.

TRAINING OBJECTIVES AND CORE COMPETENCIES

The primary core competencies that define our Program's training objectives are described below, and should be achieved through supervised structured clinical and professional experiences across Major and Minor Rotations. These clinical and professional experiences are detailed within the rotation descriptions that follow. Secondary core competencies that also define our training objectives are noted on the evaluation form that supervisors complete at the end of each rotation.

In addition, there are specific core competencies that map onto our Program's overarching goals and objectives to master within each emphasis that are unique to that emphasis. Core competencies specific to each emphasis are described on the first page of each emphasis description.

Assessment

1. Judgment in selecting assessment approaches
2. Ability to develop rapport with clients of diverse clinical, age, gender and cultural groups
3. Diagnostic interviewing
4. Interpreting objective personality tests
5. Interpreting intelligence and academic tests
6. Skill in conducting mental status examination
7. Skill in observing and describing behavior

8. Integrating assessment data
9. Awareness of legal issues in assessment (e.g., malpractice, confidentiality, conflicts of interest, mandatory reporting, disability, commitment, forensics, court testimony)
10. Knowledge of the scientific, theoretical, empirical and contextual bases of assessment
11. Awareness of and sensitivity to cultural diversity issues in assessment
12. Awareness of and sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
13. Diagnosis
14. Understanding of psychiatric nosology (DSM V)
15. Prepares timely, clear, objective, organized, useful, integrated reports
16. Formulating appropriate treatment recommendations
17. Clinical judgment/critical thinking in assessment
18. Uses culturally relevant best practices in assessment

Psychotherapy and Intervention

1. Effectiveness as a therapist
2. Communicates empathy, warmth and genuineness with clients
3. Ability to focus and control session
4. Ability to make direct, relevant, therapeutically timed comments effectively when needed
5. Treatment formulations and judgment about intervention alternatives, necessity, objectives, strategies, length and termination
6. Ability to facilitate client's self awareness/present therapeutic interpretations
7. Understanding and management of client's boundaries
8. Flexibility and/or creative problem solving
9. Ability to facilitate hypothesis generation and exploration/insight
10. Obtains informed consent/provides treatment rationale before initiating services
11. Monitors progress toward therapeutic goals
12. Clinical judgment

13. Awareness of and sensitivity to cultural diversity issues in psychotherapy and interventions
14. Knowledge/scientific foundation of psychotherapy (e.g., best practices, evidence based practice, models, outcomes, principles, guidelines, practice, research, theory, technique)
15. Awareness of ethical and legal issues in psychotherapy and intervention (e.g., referrals, hospitalizations, contracts with patients/families, consent to treatment, dual relationships, privileged communication, mandated reporting)
16. Skill in managing special situations (behavioral emergencies/crises)
17. Engages in self-evaluation (i.e., reflects on own performance, attitudes, behaviors, skills)
18. Uses culturally relevant best practices in psychotherapy/intervention
19. Written reports/progress notes/organization
20. Brief or time-limited therapy
21. Empirically validated treatment
22. Group therapy
23. Individual therapy

Consultation

1. Understanding, knowledge and handling of consultation role and processes
2. Demonstrates timely response to consultation requests
3. Provides timely and effective provision of oral and written feedback
4. Participates actively at treatment team meetings
5. Effectively collaborates as a consultant/defines own role/contributions
6. Establishes/maintains rapport/collegiality/boundaries with other professionals
7. Understands/respects other disciplines' contributions/roles/perspectives
8. Awareness of/sensitivity to cultural diversity issues in consultation
9. Uses culturally relevant best practices in consultation

Supervision

1. Openness and responsiveness to supervision
2. Preparation for supervision/takes responsibility for own learning
3. Effectively incorporates feedback from supervision into clinical practice
4. Ability to tolerate critical evaluation
5. Capacity for self-examination
6. Knowledge of models, theories, modalities and research on supervision
7. Assesses own strengths and weaknesses across competencies
8. Seeks consultation regarding diversity issues as needed
9. Keeps own supervisor sufficiently informed of cases
10. Interested and committed to supervision
11. Assists in coherent conceptualization of clinical work
12. Assists in translation of conceptualization into techniques
13. Effective in intern's/extern's development of assessment skills
14. Effective in intern's/extern's development of treatment skills
15. Incorporates dimensions of diversity in conceptualizations, skills and techniques
16. Adapts own professional behavior in a culturally sensitive manner

Teaching

1. Organization of programming
2. Quality of programming
3. Appropriate level of teaching
4. Integration of research and clinical issues
5. Incorporation of issues related to individual/cultural diversity

Program Development and Evaluation

1. Conceptualizes evaluation questions
2. Translates questions into an operationalized evaluation
3. Manages data collection effectively
4. Conducts effective analysis of evaluation results
5. Integrates diversity related issues as appropriate

Organization, Management and Administration

1. Interacts effectively/sensitively with relevant staff in Psychology
2. Interacts effectively/sensitively with relevant staff outside Psychology
3. Organizes administrative work and sets priorities effectively
4. Ability to develop and/or recommend new or revised policies and procedures to advance effective administration

Professional, Ethical and Legal Conduct

1. Knowledge/understanding of/adherence to APA Ethical Principles and code of conduct, and other professional standards
2. Awareness of/adherence to legal (e.g., mandatory reporting, HIPAA, commitment, testimony) and regulatory (e.g., Board of Psychology) standards
3. Maintenance of records and timeliness of reports, prior authorization, treatment plans and treatment summaries
4. Maintains expected work load and professionalism in fulfilling clinical responsibilities
5. Development of identity as a psychologist/socialization into the profession
6. Communication/assertiveness skills
7. Integrates research and practice
8. Thinks critically/analytically/scientifically (i.e., in evaluating information, communication, situations and in addressing problems)/"thinks like a psychologist"
9. Awareness of/sensitivity to/respect for others (autonomy, cultural diversity, dignity, rights and welfare)
10. Demonstrates punctuality for patient contacts and professional meetings

11. Demonstrates promptness in carrying out other assignments
12. Understanding and management of professional boundaries with clients
13. Awareness of personal issues in relationships with clients/colleagues/supervisors
14. Ability to prevent personal problems from interfering with patient care or professional conduct
15. Presents self maturely/acknowledges own limits
16. Appropriate attire and presentation
17. Initiative and motivation
18. Dependability
19. Demonstrates effective self care

Strategies of Scholarly Inquiry and Clinical Problem-Solving

1. Application of scholarly inquiry and clinical problem solving
2. Knowledge of EBT approaches to clinical practice
3. Knowledge of scientific/theoretical literature relative to rotation
4. Appropriate application of literature to practice
5. Conceptualizes cases/situations
6. Demonstrates knowledge of different theoretical perspectives
7. Evaluates outcome data
8. Shows awareness of potential sources of cultural bias
9. Uses culturally relevant best practices
10. Articulates an integrative conceptualization of diversity

Aspects of Cultural and Individual Diversity Relevant to the Above Objectives

1. Ability to develop rapport with clients of diverse clinical, age, gender, and cultural groups (assessment)
2. Diagnostic interviewing: Speaks at client's level of comprehension
3. Awareness of and sensitivity to cultural diversity issues in assessment

4. Awareness of and sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
5. Uses culturally relevant best practices in assessment
6. Awareness of and sensitivity to cultural diversity issues in psychotherapy and interventions
7. Uses culturally relevant best practices in psychotherapy and interventions
8. Engages in self-evaluation (i.e., reflects on own performance, attitudes, behaviors, skills) (psychotherapy and intervention)
9. Uses culturally relevant best practices in psychotherapy/intervention
10. Awareness of/sensitivity to cultural diversity issues in consultation
11. Uses culturally relevant best practices in consultation
12. Awareness of/sensitivity to/respect for others (autonomy, cultural diversity, dignity, rights and welfare (professional, ethical and legal conduct)
13. Awareness of personal issues in relationships with clients/colleagues/supervisors (professional, ethical and legal conduct)
14. Ability to prevent personal problems from interfering with patient care or professional conduct (professional, ethical and legal conduct)
15. Capacity for self-examination (supervision)
16. Seeks consultation regarding diversity issues as needed (supervision)
17. Incorporates dimensions of diversity in conceptualizations, skills and techniques (supervision)
18. Adapts own behavior in a culturally sensitive manner (supervision)
19. Shows awareness of potential sources of cultural bias (scholarly inquiry and clinical problem-solving)
20. Uses culturally relevant best practices (scholarly inquiry and clinical problem-solving)
21. Articulates an integrative conceptualization of diversity (scholarly inquiry and clinical problem-solving)
22. Incorporates dimensions of diversity in conceptualizations, skills and techniques (in supervision)
23. Adapts own professional behavior in a culturally sensitive manner (in supervision)

24. Integrates diversity related issues as appropriate (program development/evaluation)
25. Incorporation of issues related to individual/cultural diversity (teaching)
26. Interacts effectively/sensitively with relevant staff in Psychology (organization, management and administration)
27. Interacts effectively/sensitively with relevant staff outside Psychology (organization, management and administration)
28. Integrates relevant diversity literature into research (optional, research)

Research (optional)

1. Conducts research professionally/ethically (protects subjects' rights/maintains privacy and confidentiality of data)
2. Skill in designing and organizing research
3. Skill in preparing literature review
4. Skill in data entry, data management, statistical analysis/data interpretation
5. Progress in preparing dissertation for publication

Each rotation within each emphasis carries its own site-specific goals and objectives respectively. These goals and objectives flow from the overall training goals and objectives of the Hines Psychology Fellowship Program. The goals and objectives of each rotation are described in the Fellowship Brochure.

PROGRAM STRUCTURE

The Psychology Fellowship Program is designed to offer graduates from APA-Accredited clinical and counseling psychology doctoral programs and internships a 12-month intensive training experience. All Fellowship slots follow our model of exposure to a variety of experiences concurrent with particular focus in the Fellow's area of emphasis. This model affords each Fellow the opportunity to develop core clinical skills in a variety of hospital settings with a variety of patient problems and diverse supervisory exposure.

ROTATIONAL STRUCTURE

Each emphasis is comprised of Major and Minor Rotations. Each emphasis may have its own unique rotational requirements within this frame. Major and Minor Rotations are intended to complement one another and ensure that each fellow receives sufficient training in psychotherapy, assessment, and consultation over the course of the year. Research is optional to a maximum dedication of 25% of the Fellowship year. Time dedicated to an Administrative Rotation is available within the 25% time allocated to optional research.

The Fellowship year is technically divided into four 3-month quarters. Quarters exist primarily as set times in which: 1) A fellow may choose to change rotations and 2) Quarterly evaluations are

completed. Many of our Fellowship rotations require a two-quarter commitment (i.e., 6 months) to allow for greater depth in the training experience. In addition, many of our rotations allow a fellow to extend their training experience over several quarters if they are interested in doing so. Please read the program description for each emphasis area carefully to understand any unique rotational requirements for each of our fellowship positions.

Minor Rotations function as a flexibly designed component of the Fellowship Program whose purpose is to afford Fellows the opportunity to enhance their clinical skills in psychotherapy, assessment and consultation. Fellows are expected to allocate approximately six hours each week to Minor Rotations, which includes direct service, related work (e.g., progress notes, report writing) and supervision. The Fellow will select clinical opportunities that complement the training opportunities and demands of their Major Rotations. It is possible for the Fellow to rotate across several of minor these settings to ensure adequate availability of psychotherapy, assessment and consultation experiences. Supervision is assigned to a psychologist working within that setting.

ILLINOIS LICENSURE

The Fellowship is designed to meet the State of Illinois Division of Professional Regulation requirements for supervised postdoctoral experience.

SUPERVISION AND MENTORSHIP

The Fellow will typically have one supervisor during a quarter in which he/she follows a full-time rotation. The Fellow will have more than one supervisor during a quarter if he/she follows two or three part-time rotations concurrently during that quarter.

Each Fellow will select a Mentor typically within their Emphasis in September of the training year to afford timely completion of the Fellow's Training Plan. The Fellow has primary responsibility for arranging mentorship with a supervisor, although the Training Director will provide as much assistance as the Fellow desires. Selection of a Mentor typically reflects the Fellow's clinical and career goals and personality fit. In order to accomplish the goals and objectives of the Program in concert with the Fellow's particular professional and clinical interests regarding these goals and objectives, the Fellow and Mentor design a Training Plan that guides the Fellow across the year. The plan is designed as a fluid template, given changes in interest and development of opportunities that may arise over the course of the training year. The Mentor serves as a professional and clinical role model for the Fellow. The Fellow and Mentor will meet regularly (at least one regularly scheduled hour each month) within a collaborative and collegial structure, with focus placed on attaining professional identity as a psychologist working in that Emphasis, on personal career development, on development of advanced level clinical skills, and on integration of personal and professional parts of the Fellow's life. The mentorship relationship is collegial but also reflective of the Mentor's supervisory and guidance functions in fostering skills and professional development.

The Training Plan is reviewed each quarter by the Fellow and Fellow's Mentor, and subsequently by the Training Director, to ensure adequate progression toward achievement of training objective goals noted on the Training Plan. Progression is noted on the Training Plan Quarterly Review.

Fellows will receive a weekly minimum of 3.5 formally scheduled hours of individual supervision on rotation by licensed Psychology staff supervisors. Three hours are formally

scheduled within Major Rotations and ½ hour is formally scheduled within Minor Rotations each week. In addition, given the high level of interest and motivation of staff to provide education, Fellows typically receive additional informally scheduled supervision on rotation. Fellows have at least one hour of formal supervision each month with their Mentor. Fellows also receive one hour of formally scheduled Group Supervision/Case Conference twice a month by a rotating group of licensed staff psychologists. Supervisory styles vary across supervisors, but supervision is viewed as collegial and collaborative. The frame of supervision may include direct observation of the supervisor or the Fellow, co-therapy and co-consultation, review of audio-taped materials, and discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient. Each supervisor will provide a reading list to be reviewed in a didactic but collegial format. The Fellow will also take initiative to access resources and initiate critical discussion of materials. Supervision is very focused on helping the Fellow integrate theory and science with practice to a level consistent with independent licensed professional practice. In addition to referral to suggested and required theoretical and scientific readings, Fellows may be encouraged to explore various theoretical perspectives as applicable to their clinical work, discuss their practice through referral to scientific and theoretical underpinnings, increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations.

Group Supervision/Case Conference is scheduled on the second and fourth Fridays of the month between 8:00-9:00 am. A number of licensed staff psychologists rotate through group supervision over the course of the training year. Fellows take responsibility for presenting cases, and are encouraged to bring cases that present challenging clinical and/or professional questions.

The Supervision of Supervision Seminar provides Fellows an opportunity to discuss their own experiences in provision of supervision as well as review models of supervision and issues in supervision. This seminar is scheduled from 10:00-11:00 on the third Friday of the month.

SUPERVISION RIGHTS AND RESPONSIBILITIES

Supervisors and Fellows should adhere to responsibilities described in VHA Handbook 1400.04 Supervision of Associated Health Trainees. Supervisors and Fellows also have the rights to be treated in a professional and respectful manner within a collaborative and collegial relationship. They should adhere to the VA Code of Conduct/Statement of Organization Ethics Policy Memorandum 578-09-001-108. Fellows and supervisors are also expected to follow the APA Ethical Principles of Psychologists and Code of Conduct. These documents are provided to Fellows during Psychology Orientation.

The roles and responsibilities of Fellows and supervisors are delineated within a formal Supervision Agreement that the Fellow and supervisor discuss and sign at the beginning of a rotation. The Training Director will retain a copy of the Agreement.

PSYCHOLOGY TRAINING DIRECTOR

Two of the basic functions of the Training Director are: 1) to arrange appropriate assignments for each Fellow based on their needs, interests, experience, training, and professional readiness, and 2) to design and maintain a program rich enough and flexible enough to provide essential clinical knowledge and skills in all Program core competencies.

The Training Director has broad program management and operation responsibilities for the Psychology Postdoctoral Fellowship Program. The Training Director has oversight of administrative and programmatic resources of the program, including comprehensive planning, developing and implementing policies and procedures, determining needs of the programs, overseeing the quality and quantity of training, and establishing program initiatives and direction with the limitation of available staff and budget. The Training Director coordinates programming within the training program with managers of other programs in the hospital (e.g., research and development). The Training Director manages the work of the program and program staff, ensuring that work is assigned in a systematic way and meets facility and VA guidelines and standards. The Training Director has administrative responsibility directing the training activities of the licensed psychologist clinical supervisors that participate in the Program. Multiple deadlines exist throughout the year including the recruitment, selection and orientation of Interns and postdoctoral Fellows, the quarterly evaluation of Fellows and supervisors, development of didactic programming, as well as coordinating program self-studies, site visits and other regulatory requirements as needed to maintain/establish national accreditation of these programs. The Training Director's responsibilities also include monitoring of outcomes using a data-driven quality assurance process in the training programs that deliver specialized, complex and highly professional services that are important program components of the hospital and that significantly affect the health care provided to veterans. The Training Director evaluates the quality, quantity and effectiveness of training throughout an ongoing quality assurance process, including a comprehensive evaluation system, other surveys and self study. The Training Director may serve as a supervisor for Fellows in the Psychology Training Administration rotation. The Training Director directs supervision of supervision seminar, participates in Group Supervision/Case Conference and presents Fellowship clinical and professional seminars.

Each Fellow should feel free to discuss issues and personal progress with the Training Director at frequent intervals. The Training Director maintains an open door policy. Time will be set aside for an exit conference during the final three weeks of the training year.

PSYCHOLOGY POSTDOCTORAL FELLOWSHIP TRAINING COMMITTEE

The Psychology Fellowship Program Training Committee meets monthly to discuss training issues and to recommend and implement changes that may enhance programming. The Committee discusses resources available, and examines and directs Program structure and activity. Fellowship Program Training Committee members may be delegated responsibilities by the Training Director. Fellowship Program Training Committee members also take a lead in organization and implementation of various programmatic activities. It is also the responsibility of the Psychology Fellowship Program Training Committee and Psychology staff relevant to each Postdoctoral Fellowship Emphasis Area, chaired and coordinated by the Psychology Training Director, to recruit, evaluate the credentials, interview and select applicants for Postdoctoral Fellowships in Psychology at this hospital. Current Training Committee members include Dr. Kathleen O'Donnell (Ex Officio), Dr. Azi Ghaffari, Dr. Caroline Hawk (Chair), Dr. David Kinsinger, Dr. Kelly Maieritsch, Dr. Jamie Mathews, Dr. Pichler-Mowry, Dr. Irena Persky and Dr. Erin Zerth.

PSYCHOLOGY OMBUDSMAN

Dr. Laura Schmitt serves as Psychology Service Ombudsman to the Internship and Postdoctoral Fellowship Programs. She is available to discuss issues that arise for trainees in instances in which they prefer not to discuss issues with their supervisor, Fellowship Training Committee members and the Training Director. Dr. Schmitt will maintain source confidentiality and bring

issues to the Training Committee as needed. She will schedule a meeting with the Fellows at the start of the training year, discuss the scheduling of meetings during the year, and will meet with all Fellows as a group toward the conclusion of the year.

SEMINARS

In addition to curriculum didactics focused on enhancing skills and knowledge in the Fellow's area of emphasis, all Fellows will attend other programmatic didactics as a group.

Each Fellow will attend a monthly Supervision of Supervision Seminar led by a staff psychologist. Discussion and readings provide a forum to discuss process as well as didactic material related to Fellows' provision of supervision. Fellows discuss readings related to developmental and competency based theories and methods of supervision. They may also introduce issues related to their current supervision of Interns or Externs, which affords opportunities for collaborative processing and problem solving. Concurrent with the seminar series, all Fellows are required to provide supervision to at least one Intern or Extern over the course of the year. This seminar is scheduled the third Friday of the month at 10:00 am.

Our bi-weekly 90-minute Postdoctoral Fellowship Seminar Series includes many professional psychology topics related to entry and practice in the field (e.g., clinical privileging, EPPP preparation, employment search, salary negotiation, vita workshop). Psychology staff present seminars that provide a conceptual frame of the work entailed within their area of clinical focus, providing context to the roles psychologists play and the knowledge and skills necessary to function within the various programs in which Hines psychologists work. Several seminars focus on diversity related topics and all seminars are expected to incorporate critical thinking related to diversity as relevant into their presentations. Other seminars focus on enhancement of clinical skills in assessment, psychotherapy and supervision. The Postdoctoral Fellowship seminars are attended only by Fellows, which provides a formal opportunity for peer interaction, learning and consultation. These seminars are led by Psychology Service staff and by outside psychologist consultants. Fellows have opportunities throughout the year to recommend topics that they find relevant to their professional training.

The Postdoctoral Fellowship Seminar Series is scheduled from 8:00-9:30 on the first and third Fridays of the month.

All Fellows may follow the HSR&D Cyber Seminars. This weekly Live Meeting seminar series covers a range of topics focused on issues relevant to conducting research and working with specific populations. Recent topics included assessing VA health care use, research access to VA data, cost effectiveness analyses, and assessment and treatment of individuals with a history of TBI and PTSD.

Fellows are also afforded the opportunity to participate in Internship seminars, and are encouraged to attend seminars within the Professional Series and Diversity Series that may fill gaps in knowledge. In addition, all Fellows may attend monthly Psychiatry Grand Rounds and other hospital didactics. Psychiatry Grand Rounds topics vary, but generally include new psychopharmacological treatments from evidence-based practice, new and emerging therapy methodologies, and case conference presentations. Faculty also welcomes Fellows' interest in presenting at Grand Rounds.

Each Fellow will be engaged in additional didactic programming with their supervisors within their area of emphasis. Didactic structure varies across special emphases.

Although not a seminar series, Fellows may join our unlicensed Psychology staff in their informal collaborative learning structure as they review EPPP preparation materials.

TEACHING OPPORTUNITIES

Each Fellow will develop a two-session didactic curriculum within their area of emphasis, which they will present to Interns and to relevant Psychology staff. Fellows will also present a seminar in the area of cultural and individual diversity in which the Fellow focuses gaining additional expertise during the training year. Interns will formally provide assessment and feedback aimed at helping the Fellows enhance their teaching skills within their area of clinical focus. Fellows are also invited to formally present at one Grand Rounds.

RESEARCH OPPORTUNITIES

Dedicated time to research will be available to all Fellows. However, it is expected that interest in incorporating formal research involvement will vary among the Fellows. Depending on availability of Research Department or Psychology Service Mentors, compatibility of research interests, and suitability of research skills, Fellows may participate in ongoing funded research at Hines, or other aspects of research. Alternatively, Fellows may use available research time to prepare their dissertation or other prior research for publication. Fellows are allocated up to one quarter of the year for a research rotation.

It is expected that each Fellow will develop a program development and evaluation study during their Fellowship year, either within their area of emphasis or as a part of their optional Administrative Rotation.

DIVERSITY PROGRAMMING:

Upon completion of the Fellow Self-Assessment of Diversity Experiences, each Fellow meets with the Training Director and their Mentor to develop an individualized learning plan to enhance knowledge and competency in the area of individual differences and cultural diversity, which is further incorporated into their larger personal Training Plan for the year. During this meeting, the Fellow, Training Director and Mentor identify particular areas in which the Fellow has had less training and experience, which can be developed during the training year through various clinical and didactic activities. The supervisor works with the Fellow to ensure that the diversity objectives in the Training Plan are embedded in work within rotation, e.g., case load, readings, supervision focus.

In addition, the Fellow will work with the Training Director and Mentor to identify a specific diversity related area that is of particular clinical interest to the Fellow in which they will develop more advanced knowledge and skills. The Fellow receives ongoing supervision from their Mentor as well as from identified staff with specific clinical or research expertise in the identified area, who work consultatively with the Fellow on the development of this knowledge base and presentation. This effort will be noted in the Fellow's Training Plan. In Psychology Orientation at the start of the training year, staff psychologists note their area of expertise in an area related to diversity and individual differences, affording an opportunity for the Fellow to identify relevant Psychology staff who may provide consultation.

At a later point in the training year, the Fellow demonstrates their expertise in their particular area of interest relevant to diversity through formal presentation to other trainees and staff. This

presentation incorporates relevant scientific and theoretical literature and addresses clinical application. Assessment of the Fellows' presentation is available through review of Interns', staff psychologists' and other attendees' written evaluation of Fellows' didactic presentations.

Fellows also acquire an appreciation of diversity's interface with clinical psychology as well as demonstrate their competence, knowledge and skills in the arena of diversity through formal pairing with one or two pre-doctoral psychology interns, who are in the process of preparing a formal case presentation focused on psychological assessment or intervention. The Fellow will help the intern integrate relevant diversity-related science and theory into the clinical material the intern will present to other interns and case presentation supervisors.

EVALUATION:

Supervisors complete the Minnesota Supervisory Inventory (MSI) for each Fellow. The MSI measures competencies relevant to development of advanced practice knowledge and skills required for functioning as an independent psychologist, with a focus on the following training objectives: competency in assessment, psychotherapy and intervention, consultation, professional, ethical and legal conduct, supervision, strategies of scholarly inquiry and clinical problem solving, program development and evaluation, teaching, organization, management and administration in psychology practice, and research (optional). Issues of cultural and individual diversity relevant to all the above is an additional training objective and is interwoven within various aforementioned objectives and also evaluated in a narrative section of the MSI. The competencies that define each training objective are rated on the MSI, with ratings that range from 1="Inadequate (further training and supervision is required to meet expectations)" to 3="Ready for independent licensed practice in clinical psychology. Fully capable of initiating and performing all professional responsibilities independently, and seeking consultation as needed". Our goal is for Fellows to achieve at or near the latter level across all training objectives at the conclusion of their Fellowship programming.

At minimum, the following achievement thresholds for successful completion of the Program include:

- 1) An overall training objective competence rating=3 "Ready for independent licensed practice in clinical psychology. Fully capable of initiating and performing all professional responsibilities independently, and seeking consultation as needed" on the MSI by completion of the training year, and
- 2) a rating=3 on 80% of all individual primary competencies on each training objective on the MSI by completion of the training year.

The MSI also measures competencies relevant to the Fellow's area of emphasis. These competencies are drawn from accepted or emerging standards of training in each of the Emphases. Ratings for the Fellow's emphasis also range from 1 to 3 on the aforementioned scale. Our goal is for Fellows to achieve at or near the latter level in their area of emphasis at the conclusion of their Fellowship programming. Achievement thresholds in emphasis ratings for successful completion of the Program mirror those in the paragraph above.

The supervisor completing the MSI reviews that evaluation of the Fellow with that Fellow at the end of each quarter, although supervisors routinely provide evaluative feedback throughout the course of the Fellow's training with that supervisor. The Training Director reviews these

evaluations following each quarter to ensure that Fellows progress toward achievement of programmatic goals and objectives through the course of the training experience.

Fellows also complete an evaluation form regarding supervision and certain aspects of their training experiences, the Fellow Evaluation of Supervisor (FES). The FES offers a detailed appraisal of the supervision provided the Fellow across domains relevant to supervisor competency. They may, but are not required to, discuss their ratings and comments with their supervisor before returning this form to the Training Director.

Fellows also complete a self-evaluation form at Orientation (Orientation Self-assessment Form). During September, the Fellows also complete a Self-assessment of Postdoctoral Fellowship Training Objectives in Generalist and emphasis Practice, and a Fellow Self-Assessment of Diversity Experiences. Fellows review these self-assessments with their Mentor and the Training Director, discussing training needs and optimal means to meet them. This self-assessment serves development of the Training Plan that each Fellow generates with support from his/her Mentor. The Fellow also completes the MSI-Self-Assessment Version at the end of each quarter. This self-assessment replicates the MSI completed by the supervisor and affords the Fellow an opportunity to assess his/her progress in developing competencies across the Program's goals and objectives over the course of the year.

GRIEVANCES AND DISCRIMINATION:

It is Psychology Service policy to provide clear procedures for trainees to follow when conflicts of a serious nature arise between trainees and other Psychology Service and/or other hospital staff. Psychology Service is committed to maintaining a positive, ethical and collegial environment that fosters an optimal training experience for trainees. When conflicts of a serious nature occur, the trainee has a responsibility to address the matter. Conflicts of a serious nature include requests made of a trainee by a VA employee to engage in behavior conflicting with the American Psychological Association Ethical Principles of Psychologists and Code of Conduct and the Federal Employee Code of Conduct, acts of discrimination, sexual harassment, and observation of serious professional misconduct.

It is the responsibility of the Psychology Training Director, through the Chief of Psychology, Psychology Service, to ensure that procedures are followed. This will be done in such a manner to ensure that trainees have fair and equitable avenues of recourse when serious conflicts arise between trainees and Psychology Service or other hospital staff (with the exception of the Psychology Training Director). It is the responsibility of the Chief of Psychology, Psychology Service, to ensure that procedures are followed in such a manner to ensure that trainees have fair and equitable avenues of recourse when serious conflicts arise between trainees and the Psychology Training Director.

A formally structured grievance procedure for training problems and discrimination complaints involves an expanding hierarchy of hospital authority. Trainees are urged to resolve problems arising from hospital activities with their immediate supervisor in Psychology Service. The Ombudsman is available to provide support, guidance and strategy should the fellow prefer to discuss concerns prior to discussing these with the Psychology Training Director. Unresolved difficulties may be brought to the attention of the Psychology Training Director, who will either address the problem individually with the trainee, or will function as the trainee's advocate in mediating a grievance with the supervisor or other members of the hospital. Also, in the event a trainee feels uncomfortable addressing problems with her/his supervisor, the difficulty can be addressed with the Psychology Training Director. Problems not resolved in a satisfactory manner

for the trainee may be taken to the Chief of Psychology, Psychology Service. The Psychology Training Director will inform the Chief of Psychology of the issues presented and the measures taken to resolve them. A grievance may also be brought, by the trainee, to the Chief of Psychology, if a problem originates from trainee interaction with the Psychology Training Director. The Psychology Training Committee will be informed of those actions taken to date.

Psychology Service will follow VA policy regarding EEO issues for complaints that cannot be handled within Psychology Service to the satisfaction of the trainee. The trainee is free to report grievances and/or discrimination or other complaints to the American Psychological Association Accreditation and/or Ethics Committees, the Association of Psychology Postdoctoral and Traineeship Centers, and/or the State of Illinois Service of Professional Regulation.

ADVISEMENT AND TERMINATION:

Fellows receive regular feedback through procedures established for Fellow performance evaluation. The primary supervisor(s), Fellow's Mentor and Psychology Training Director meet with the Fellow when overall performance ratings are below expectation in any training objective rated by the supervisor(s) on the Minnesota Supervisory Inventory. Review of deficiencies is followed by a written plan for improvement jointly developed between the Fellow, the primary supervisor(s), the Fellow's Mentor and the Psychology Training Director. The success of the performance improvement plan is determined by the ratings received by the Fellow on the following quarter's Fellow evaluation. The performance improvement plan is defined as successful when overall ratings in all training objectives meet expectation on the following quarter's Fellow evaluation. The success of the jointly developed plan in remediating deficiencies will also be detailed in writing by the primary supervisor(s) and provided to the Fellow. The Performance Improvement plan will include (in writing) a) a description of the problematic performance behavior(s), b) specific recommendations for rectifying the problem(s), c) a timeframe for the probation period during which the problem is expected to be ameliorated, and d) procedures to assess concurrently whether the problem(s) has (have) been appropriately rectified.

A Fellow may be terminated from the Fellowship Program under a variety of serious conditions. A Fellow may be terminated when overall performance ratings remain below expectation in any core competency rated by the supervisor(s) in two consecutive quarters. A Fellow may also be terminated from the Program at any point during the year if the Fellow has demonstrated behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct and/or Federal Employee Code of Conduct. Furthermore, a Fellow may be terminated if the Fellow demonstrates a pattern of dysfunctional behavior that interferes with acceptable practice of psychology and that appears unlikely to remediate by the end of the Fellowship year, as determined by two consecutive primary supervisors. Psychology Service maintains procedural policy should termination from the Program be recommended.

NON-DISCRIMINATION POLICY:

Our hospital and our Service ensure that applicants and trainees in its training programs are not discriminated against in application to the programs and in their training experience in the hospital, including these programs' avoidance of any actions that would restrict program access on grounds that are irrelevant to success in these training programs and in the practice of clinical or counseling psychology. The training programs fully follow hospital policy regarding Equal Employment Opportunity as outlined in hospital memoranda.

COMMITMENT TO DIVERSITY:

Our Program attempts to recruit a diverse fellowship class through targeted advertising of our Program to reach a diverse pool of applicants and through a selection system that affords consideration to applicants' diversity status. Our programming at the didactic, clinical and evaluation levels demonstrates the strong value placed on diversity and multicultural competence articulated in our Program philosophy. In addition, Fellows are afforded the opportunity provided to all staff to participate in hospital committees that reflect our hospital's appreciation and value of a diverse staff population (e.g., LGBT emphasis Program). We believe that we have been successful in our attempts to recruit a fellowship class characterized by diversity.

FELLOWSHIP SELECTION

Psychology Postdoctoral Fellowship Training Committee/emphasis supervisor rankings of Fellowship applicants are made on the basis of the application information combined with the interview. Diversity is sought in terms of the applicant's academic affiliation, geographic location, and personal demographic background. The Program is most favorably disposed to applicants who:

1. attended a Boulder-model scientist-practitioner doctoral program,
2. have broad-based training in our Program's training objectives,
3. have demonstrated skills in the applicant's emphasis area,
4. have academic exposure to diversity issues as well as clinical experience with a demographically diverse population,
5. have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and
6. have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior. Such applicants are seen as most likely to be well-prepared academically and through clinical training experience in these five relevant above-noted areas.

INTERVIEWS

Individual interviews are considered an important part of the application process. Our procedure is to screen applications on the basis of several criteria, such as amount and type of clinical experience, research experience, letters of recommendation, and graduate course grades, before an interview is offered.

Applicants who appear to fit well with our program and the area of emphasis to which they have applied will be invited for an in-person interview. These interviews will take place in late January 2015 and early February 2015. An interview is required for acceptance into the Fellowship Program.

Applicants are typically interviewed by three staff members, including the Training Director and two staff members working in the applicant's emphasis area. During the applicant interview, the applicant can field questions with the Training Director. Applicants are encouraged to arrange, in advance, meetings with staff members who work in areas of interest to them. Applicants may email staff they would like to meet to schedule a time (staff email addresses are listed below). To facilitate coordination, applicants may prefer to ask the Training Director to schedule meetings with staff, especially when applicants would like to meet more than one staff member.

A second interview may be suggested on rare occasion for some applicants when clarification or elaboration of some first interview issues is needed. If a second interview is suggested, a telephone contact is sufficient.

PSYCHOLOGY SERVICE STAFF & DESCRIPTIONS

Almost all staff are currently state licensed. It should be noted that only licensed staff are eligible to serve as supervisors. However, unlicensed staff may provide adjunctive training (e.g., co-therapy, didactics).

Kathleen O'Donnell, Ph.D. – **Chief, Psychology Service** (kathleen.odonnell@va.gov)

Ph.D. from Southern Illinois University- Carbondale. Professional Interests: Neurodegenerative Disorders, Mild Cognitive Impairment, Assessment of Competency. Research Interests: Memory and aging; Use of neuropsychological assessment to predict functional outcome. Theoretical Orientation: Psychodynamic. Licensed since 1994 in Illinois.

Anjuli Amin, Ph.D. – Home Based Primary Care (anjuli.amin2@va.gov)

Ph.D. in Counseling Psychology from Southern Illinois University, Carbondale. Professional Interests: Multiculturalism; Aging; End-of-Life; Health Disparities; Health Psychology/Behavioral Medicine; Women's Health; Sexual Health. Research Focus: Women's Health; Health Disparities; Sexual Health. Theoretical Orientation: Humanist; Cognitive Behavioral; Existential. Licensure in Illinois anticipated June/July 2013.

Tomasz Andrusyna, Ph.D. – Program Manager, Outpatient Mental Health Services, also
Evidence Based Psychotherapy Coordinator
(tomasz.andrusyna@va.gov)

Ph.D. in Clinical Psychology from Northwestern University, Evanston. Professional Interests: Empirically Validated Treatments, Treatment Efficacy and Effectiveness, Mood and Anxiety Disorders, Diagnostic Assessment, Therapeutic Alliance. Research Focus: Psychotherapy Process and Outcome. Theoretical Orientation: Cognitive Behavioral. Licensed since 2009 in Illinois.

Sheila Baer, Ph.D. – Trauma Services Program (Sheila.baer@va.gov)

Ph.D. from Marquette University. Professional Interests: Post-Traumatic Stress Disorder, Evidence-Based Psychotherapy (Cognitive Processing Therapy and Prolonged Exposure specifically), and Diagnostic Assessment. Research Focus: Psychotherapy Process and Outcome, Health Care Utilization. Theoretical Orientation: Cognitive Behavioral. Licensed since 2004 in Illinois.

Michael Blacconiere, Ph.D. - Physical Medicine & Rehabilitation/ Extended Care Center
(michael.blacconiere@va.gov)

Ph.D. from Northern Illinois University. Professional Interests: Geropsychology, Rehabilitation, Post-Traumatic Stress Disorder. Research Focus: health-risk and health enhancing behavior, eating disorders, PTSD, job satisfaction. Theoretical Orientation: Cognitive-Behavioral. Licensed since 1989 in Illinois.

Patricia Cano, Ph.D. - Mental Health Intensive Case Management Program
(patricia.cano@va.gov)

Ph.D. from Northern Illinois University. Professional Interests: Severe Mental Illness, Psychosocial Rehabilitation, Affective and Psychotic Disorders, Assessment. Research Focus: Minority Mental Health, Suicide, Depression. Theoretical Orientation: Cognitive Behavioral. Licensed since February 2008 in Illinois.

Scott Creamer, Ph.D. – Spinal Cord Injury/Disorders Program, Residential Care Facility
(scott.creamer@va.gov)

Ph.D. from Washington State University. Professional Interests: Clinical Health Psychology in Medical Settings, Geropsychology, Spinal Cord Injury, Neuropsychology, Substance Use Disorders, Pain Management. Research Experience/Interests: Neuropsychology; Recovery from TBI; Assessment of ADHD Adults. Theoretical Orientation: Integrative- Interpersonal, Cognitive Behavioral, and Existential. Licensure anticipated in 2015.

Matthew Davis, Ph.D. – Health Promotion/Disease Prevention (matthew.davis2@va.gov)

Ph.D. from Texas A&M University; M.P.H. from Texas A&M Health Science Center. Professional Interests: health psychology, health-risk behavior, primary care-mental health integration, and program development and evaluation, with a special focus on reduction of health disparities. Research/Diversity Focus: health risk behavior, health literacy, cultural health disparities, and evaluation of brief interventions for behavior change/psychological treatment. Theoretical Orientation: Integrative – Motivational Interviewing, Cognitive Behavioral, Interpersonal, and Psychodynamic. licensed in Illinois in 2012.

Marilyn Garcia, Ph.D. – Psychosocial Rehabilitation and Recovery Center
(marilyn.garcia@va.gov)

Ph.D. from Northern Illinois University. Professional Interests: Affective Disorders, Stress and Coping, Psychosocial Rehabilitation, Sexual Trauma. Research Focus: Development and Maintenance of PTSD, Secondary Emotional and Cognitive Responses to Sexual Trauma. Theoretical Orientation: Cognitive-Behavioral, Interpersonal. Licensed since December 2009 in Illinois.

Azi Ghaffari, Ph.D. – Spinal Cord Injury Service (azi.ghaffari@va.gov)

Ph.D. from Purdue University. Professional Interests: Rehabilitation Psychology, Geropsychology, Behavioral Medicine, Pain Management, Spinal Cord Injury, and Multiculturalism. Research Interests: Health Disparities, Stigma, Perceived Discrimination, and Psychological Help-Seeking. Theoretical Orientation: Cognitive Behavioral, Interpersonal. Licensed since 2013 in Illinois.

Rebecca Graham, Ph.D. – Inpatient Psychiatry (rebecca.graham@va.gov)

Ph.D. from University of Louisville. Professional Interests: Personal Values Clarification and Activation; Motivation Enhancement; Dialectical Behavior Therapy; Psychosis; Personality Disorders. Theoretical Orientation: Cognitive-Behavioral, Interpersonal. Licensed since 1993 in Ohio.

Caroline Hawk, Ph.D. – **Training Director** (caroline.hawk@va.gov)

Ph.D. from DePaul University. Professional Interests: Biofeedback, Relaxation Training, Spinal Cord Injury. Research Interests: Program Development & Evaluation; Performance Improvement. Theoretical Orientation: Cognitive Behavioral. Licensed since 2003 in Illinois.

Julie Horn, Ph.D. - Ambulatory Care/Primary Care (julie.roberts@va.gov)

Ph.D. from Florida State University. Professional Interests: Clinical Health Psychology in Medical Settings, Psychophysiological Disorders, Health Promotion/Disease Prevention, Short-term Solution-Focused Therapies, Non-compliance and compliance Motivation, Management of Difficult Patients. Research Interest: Movement Disorders that are associated with long-term use of neuroleptics. Theoretical Orientation: Psychodynamic. Licensed since 1994 in Illinois.

Holly Hunley, Ph.D. -- Trauma Services Program (holly.hunley@va.gov)

Ph.D. from Loyola University Chicago. Professional Interests: Post-Traumatic Stress Disorder, Evidence-Based Treatments for PTSD, Telemental Health Interventions, Substance Use Disorders, PTSD/SUD, Cultural Competence. Research Focus: Treatment Outcomes, Program Evaluation. Theoretical Orientation: Cognitive Behavioral. Licensed since May 2010 in Illinois.

Jennifer Kiebles, Ph.D. – Physical Medicine and Rehabilitation (jenniferl.kiebles@va.gov)

Ph.D. in Clinical & Rehabilitation Psychology from Illinois Institute of Technology, Chicago. Professional Interests: Health Psychology, Behavioral Medicine, Rehabilitation Psychology, Pain Management, Motivational Interviewing, Geropsychology, Positive Psychology. Research Experience/Interests: Pain measurement, pain and disability, chronic medical conditions and disability, health and behavior change. Theoretical Orientation: Cognitive Behavioral. Licensed since 2010 in Illinois.

David Kinsinger, Ph.D. – **Practicum Coordinator**, Neuropsychology Coordinator
(david.kinsinger@va.gov)

Ph.D. from the University of Miami. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Mild Cognitive Impairment and Dementias. Theoretical Orientation: Cognitive Behavioral. Licensed since 2007 in Illinois.

Ariel Laudermitth, Ph.D. – Home Based Primary Care (ariel.laudermith@va.gov)

Ph.D. from the University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Clinical Health Psychology in Medical Settings, Integrated Primary Care, Short-Term Solution Focused Therapies. Research Interests: Behavioral Change, Health Risk Behaviors, Treatment Outcome. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since February 2012 in Illinois.

Amanda Lyskawa, Ph.D. – Psychosocial Rehabilitation and Recovery Center
(amanda.lyskawa@va.gov)

Ph.D. from Indiana University Purdue University, Indianapolis. Professional Interests: Serious Mental Illness, Psychosocial Rehabilitation, Evidence-Based Practices for Individuals with Serious Mental Illness. Research Focus: Supported Employment for Individuals with Serious Mental Illness, Program Evaluation, Hospital Quality Improvement. Theoretical Orientation: Cognitive Behavioral. Licensed in Illinois 2012.

Kelly Maieritsch, Ph.D. – Trauma Services Program (kelly.maieritsch@va.gov)

Ph.D. from Central Michigan University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments (specifically Cognitive Processing Therapy and Prolonged Exposure), and Diagnostic Assessment. Research Focus: Treatment Outcome, Program Evaluation. Theoretical Orientation: Cognitive Behavioral. Licensed since 2004 in Illinois.

Scott Maieritsch, Ph.D. – Alcohol Treatment Program (scott.maieritsch@va.gov)

Ph.D. in Clinical Psychology from Western Michigan University. Professional Interests: Mood and Anxiety Disorders, Empirically Validated Treatments, Dialectical Behavior Therapy, and Substance Use Disorders. Research Focus: Treatment Outcome, Program Evaluation/Quality Improvement. Theoretical Orientation: Cognitive Behavioral. Licensed since 2005 in Illinois.

Jamie Mathews, Psy.D. – Primary Care (jamie.mathews@va.gov)

Psy.D. from University of Denver, Graduate School of Professional Psychology. Professional Interests: Health Psychology, Integrated Care, Geropsychology, Neuropsychology, Serious Mental Illness, Complex Trauma. Research Interests: Health, Wellness, & Aging, Program Development & Evaluation, Medical Provider Support & Education. Diversity Focus: LGBTQIA Support & Advocacy, Health Disparities, Cultural Competence in Psychotherapy. Theoretical Orientation: Psychodynamic, Integrative. Licensed in 2013 in Illinois.

Megan Mayberry, Ph.D. – Mental Health Clinic, Inpatient Psychiatry (megan.mayberry@va.gov)

Ph.D. from University of Illinois at Urbana Champaign. Professional Interests: Emotional and Behavioral Regulation Difficulties, Trauma and Recovery; Family Therapy, Severe Mental Illness, and Substance Use. Research Focus: Treatment Efficacy and Effectiveness. Theoretical Orientation: Dialectical Behavior Therapy and Systems Theory. Licensed since April 2010 in Illinois.

Meghan McCoy-Hess, Ph.D. -- Psychosocial Rehabilitation and Recovery Center,
Hines Local Recovery Coordinator
(meghan.mccoy-hess@va.gov)

Ph.D. from Pacific Graduate School of Psychology at Palo Alto University. Professional Interests: Psychosocial Rehabilitation, Recovery Model, Severe Mental Illness, and Affective Disorders. Research Focus: Program Development, Posttraumatic Stress Disorder, Anxiety Sensitivity, Depression, and Pain. Theoretical Orientation: Cognitive-Behavioral. Licensure anticipated in Fall 2013.

Kelly Moore, Ph.D. – Primary Care Mental Health Integration (kelly.moore2@va.gov)

Ph.D. from Marquette University. Professional Interests: Clinical Health Psychology, Integrated Care, Health Psychology Assessment, Application of Integrated Care to Rural Settings, Women's Mental Health, Telemental Health, Motivational Interviewing. Research Interests: Multicultural Psychology, Latina/o Mental Health, Integrated Care Program Outcomes. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed in 2014 in Illinois.

Kurtis Noblett, Ph.D. – Trauma Services Program (kurtis.noblett@va.gov)

Ph.D. from University of Wisconsin-Milwaukee. Professional Interests: Post-Traumatic Stress Disorder, Anger Management, Empirically Validated Treatments, Diagnostic Assessment. Research Focus: Psychotherapy Outcome, Clinical Neuroscience. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since 2004 in Illinois.

Patrick Nowlin, Ph.D. – Mental Health Clinic (patrick.nowlin@va.gov)

Ph.D. from the State University of New York at Buffalo. Professional Interests: Mood and Anxiety Disorders, Behavioral Activation. Research Focus: The influences of parents, peers, and ethnic identification on adolescent tobacco use. Theoretical Orientation: Primarily Cognitive-Behavioral. Licensed since 2012 in Illinois.

Golnaz Pajoumand, Ph.D. – Spinal Cord Injury (Golnaz.pajoumand@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Affective Disorders, Posttraumatic Stress Disorder, Substance Use Disorders, Empirically Validated Treatments, Health Psychology, Stress and Coping, Sexual Trauma, Team and organization development. Research Focus: Gender Differences in the development and maintenance of Posttraumatic Stress Disorder. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed in Illinois in 2012.

Barbara Pamp, Ph.D. – Trauma Services Program (barbara.pamp@va.gov)

Ph.D. from Purdue University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments for PTSD, Supervision and Training. Research Focus: Risk (e.g., anxiety sensitivity, previous trauma) and Protective Factors (e.g., resilience, spirituality) in PTSD, Program Evaluation. Theoretical Orientation: Cognitive Behavioral. Licensed since 2009 in Michigan.

Irena Persky, Ph.D. – Home Based Primary Care (irena.persky@va.gov)

Ph.D. from the University of Illinois at Chicago. Professional Interests: Health Psychology in Primary Care Settings, Adherence to Medical Treatments and Behavior Change, Interface of Clinical and Community Psychology. Research Interests: Health Promotion/Disease Prevention, Multiple Risk Behaviors, Adjustment to Challenging Life Transitions. Diversity Interests: Acculturation. Theoretical Orientation: Primarily Cognitive Behavioral. Licensed since 2009 in Illinois.

Rene Picher-Mowry, Ph.D. – TBI/Polytrauma Program (rene.pichler-mowry@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Pain Management, Biofeedback, Relaxation Training, working with families of Veterans within TBI/Polytrauma population. Research Interests: Pain Management, Adjustment to Physical and Mental Illnesses. Theoretical Orientation: Primarily Cognitive Behavioral. Diversity Interests: Diversity issues within Psychotherapy. Licensed since 2006 in Indiana and since 2011 in Illinois.

Kristin Raley, Ph.D. – Mental Health Clinic (kristin.raley2@va.gov)

PhD from Auburn University. Professional interests: Post-traumatic Stress Disorder with special interest in childhood and sexual abuse, LGBT (Lesbian, Gay, Bisexual, Transgender) issues, Affective Disorders, Personality Disorders. Research interests: social stigma toward individuals with mental disorders and minority groups. Theoretical orientation: Integrative. Licensed in 2013 in Illinois.

Kathleen Richard, Ph.D. – Mental Health Clinic (kathleen.richard@va.gov)

Ph.D. from Northern Illinois University. Professional Interests: Substance Abuse, Trauma, PTSD, Psychosocial Rehabilitation, Eating Disorders, Individual and Couples Therapy, Relationship Issues and Dissociative Disorders. Research Focus: Psychosocial Rehabilitation. Theoretical Orientation: Cognitive Behavioral and Interpersonal. Licensed since 1994 in Illinois.

Patrick Riordan, Ph.D., ABPP-CN – Consultation/Liaison (patrick.riordan@va.gov)

Ph.D. from the University of Mississippi. Professional Interests: Clinical Neuropsychology, Dementia, Mild Cognitive Impairment, Traumatic Brain Injury, Capacity Assessment. Theoretical Orientation: Cognitive Behavioral. Licensed since 2012 in Illinois.

Laura Schmitt, Ph.D. – Blind Rehabilitation Center (laura.schmitt@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Neuropsychology, Care Giver Mental Health. Research Interests: Health Psychology, Neuropsychology. Theoretical Orientation: Primarily Cognitive-Behavioral, Integrative. Licensed since 2010 in Illinois.

Jeffrey Sieracki, Ph.D. – **Practicum Coordinator**, Oak Lawn CBOC (Jeffrey.sieracki@va.gov)

Ph.D. from Loyola University Chicago. Professional Interests: Mood and Anxiety Disorders, Empirically Validated Treatments, Family Therapy, Behavioral Activation. Research Interests: Implementing Empirically Validated Treatments in Community-Based Settings, Child Welfare Decision Making and Outcomes. Theoretical Orientation: Cognitive Behavioral. Licensed since 2011 in Illinois.

Amber Singh, Ph.D. – Substance Abuse Residential Rehabilitation Treatment Program
(amber.singh@va.gov)

Ph.D. from Emory University. National Professional Interests: The interface of personality and psychopathology, comorbid substance abuse and psychopathology, empirically supported treatments. Research Focus: Developmental psychopathology, genetic and environmental influences underlying personality and psychopathology, heterogeneity and longitudinal trajectories of psychopathology. Theoretical Orientation: Cognitive Behavioral. Licensed since July 2010 in Indiana.

Jonathan Sutton, Ph.D. – Mental Health Clinic (jonathan.sutton@va.gov)

Ph.D. from Northwestern University in Evanston. Professional Interests: Mood and Anxiety Disorders, Mechanisms and Maintenance of Treatment Gains, Resilience and Prevention. Research Focus: Life Stress and Depression. Theoretical Orientation: Primarily Cognitive-Behavioral. Licensed since 2009 in Illinois.

Amanda Urban, Ph.D. – Neuropsychology (amanda.urban@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Neuropsychology, Anxiety Disorders, Rehabilitation Psychology. Research Interests: Neuropsychological Sequelae of Traumatic Brain Injury, Neurodegenerative Dementias, Ecological Validity of Neuropsychological Assessment. Theoretical Orientation: Cognitive Behavioral and Interpersonal. Licensed since 2006 in Illinois.

Dana Weber, Ph.D. – Trauma Services Program (dana.webber.@va.gov)

Ph.D. from Arizona State University. Professional Interests: Posttraumatic Stress Disorder, Mood and Anxiety Disorders, Evidence-Based Treatments, Telemental Health Interventions, Family Systems, Couples Therapy, Substance Use Disorders. Research Interests: Psychotherapy Process and Outcome, Program Development and Evaluation, Barriers to Treatment. Theoretical Orientation: Cognitive Behavioral. Licensed in Illinois since April 2014.

Laura Wiedeman, Psy.D. – Primary Care Mental Health Integration (laura.wiedeman@va.gov)

Psy.D. from Pepperdine University. Professional Interests: The Interface of Physical and Mental Health Disorders, Posttraumatic Stress Disorder, Mood and Anxiety Disorders, Evidence-Based Treatments, Couples Therapy, Substance Use Disorders. Research Interests: Outcome Research and Program Evaluation, Couples Therapy Process Research. Diversity Interests: Cultural Competency within Evidence-Based Practice. Theoretical Orientation: Primarily Cognitive Behavioral. Licensure anticipated Late 2013.

Anne Wiley, Ph.D. – Neuropsychology (anne.wiley@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Mild Cognitive Impairment and neurodegenerative disorders. Theoretical Orientation: Cognitive Behavioral. Licensed since 2007 in Illinois.

Erin Zerth, Ph.D. – Primary Care Mental Health Integration Program Manager
(erin.zerth@va.gov)

Ph.D. from Southern Illinois University-Carbondale. Professional Interests: Primary Care Mental Health Integration, Health Promotion Disease Prevention, Weight Management and Bariatrics, Pain Management, Biofeedback, Caregiver Intervention, Legislative Advocacy for Psychology. Research Focus: Primary Care Mental Health Integration Outcomes, Interventions for Caregivers of Older Adults. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since August 2009 in Illinois.

PAST FELLOWS

Scott Creamer, Ph.D. (Integrated Care)

Ph.D.: Washington State University

Internship: Syracuse VA Medical Center

Current Employment: Edward Hines, Jr. VA Hospital

Katherine Dahm, Ph.D. (Trauma and Posttraumatic Stress Disorder)

Ph.D.: University of Texas at Austin

Internship: Michael E DeBakey (Houston) VA Medical Center

Current Employment: Jesse Brown (Chicago) Medical Center

Tamara McKenzie, Psy.D. (Neuropsychology)

Psy.D.: American School of Professional Psychology, Washington, D.C.

Internship: Bay Pines VA Healthcare System

Current Employment: Defense & Veteran's Brain Injury Center at James A. Haley VA

Kate Noth, Ph.D. (Medical Rehabilitation Psychology)

Ph.D.: Illinois Institute of Technology

Internship: Edward Hines, Jr. VA Hospital

Current Employment: Northwestern University-Feinberg School of Medicine

Smriti Shivpuri, Ph.D. (Integrated Care)

Ph.D.: San Diego State University/University of California San Diego Joint Program

Internship: Alpert Medical School at Brown University

Current Employment: Rush University Medical Center

2012-13

Timothy Baardseth, Ph.D. (Primary Care and Health Psychology)

Ph.D. – University of Wisconsin-Madison

Internship – Clement Zablocki VA Medical Center, Milwaukee

Current Employment: Minneapolis VA Health Care System

Christa Marshall, Psy.D. (Medical Rehabilitation Psychology)

Psy.D. – Roosevelt University

Internship – Hunter Holmes McGuire VA Medical Center, Richmond

Current Employment: Hunter Holmes McGuire VA Medical Center, Richmond

Tamara McKenzie, Psy.D. (Neuropsychology)

Psy.D. – American School of Professional Psychology, Washington, D.C.

Internship – Bay Pines VA Healthcare System

Current Employment: Edward Hines, Jr. VA Hospital on 2nd year of fellowship

Kelly Moore, Ph.D. (Integrated Care and Behavioral Medicine)

Ph.D. – Marquette University

Internship – Southwest Consortium, Raymond G. Murphy VA Medical Center, Albuquerque

Current Employment: Edward Hines, Jr. VA Hospital

Dana Weber, Ph.D. (Trauma and Dual Diagnosis)
Ph.D. – Arizona State University
Internship – Edward Hines, Jr. VA Hospital
Current Employment: Edward Hines, Jr. VA Hospital

2011-12

Anjuli Amin, Ph.D. (Primary Care and Health Psychology)
Ph.D. – Southern Illinois University at Carbondale
Internship – Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin
Current Employment: Edward Hines, Jr. VA Hospital

Kathleen Matthews, Ph.D. (PTSD/Substance Abuse)
Ph.D. – Idaho State University
Internship – VA Ann Arbor Healthcare System, Ann Arbor, Michigan
Current Employment: VA Central Iowa Health Care System, Des Moines, Iowa

S. Cameron Sepah, Ph.D. (Integrated Care and Behavioral Medicine-temporary position)
Ph.D. – University of California, Los Angeles
Internship – UCSD and VA San Diego Medical Centers, San Diego, California

Benjamin Tallman, Ph.D. (Medical Rehabilitation Psychology)
Ph.D. – University of Iowa
Internship – Edward Hines, Jr. VA Hospital
Current Employment: St. Luke's Medical Center, Cedar Rapids, Iowa

Patrick Riordan continued fellowship training at Hines outside the auspices of the Fellowship Program. See information for 2010-11.

2010-11

Wendy Guyker, Ph.D. (Primary Care and Health Psychology)
Ph.D. – University at Buffalo, State University of New York
Internship – VA Western New York Healthcare System, Buffalo
Current Employment: University at Buffalo, State University of New York

Genevieve Pruneau, Ph.D. (PTSD/Substance Abuse)
Ph.D. – Auburn University
Internship – The Boston Consortium in Clinical Psychology
Current Employment: Central Arkansas Veteran's Healthcare System, Little Rock

Patrick Riordan, Ph.D., ABPP-CN (Neuropsychology)
Ph.D. – University of Mississippi
Internship – Central Arkansas Veteran's Healthcare System, Little Rock
Current Employment: Edward Hines, Jr. VA Hospital, Hines, Illinois

Sara Walters-Bugbee, Psy.D. (Medical Rehabilitation Psychology)
Psy.D. – La Salle University
Internship: VA Gulf Coast Veterans Health Care System, Biloxi, MS
Current Employment: Louis Stokes Cleveland VA Medical Center

2009-10

Justin Greenstein, Ph.D. (PTSD/Substance Abuse)

Ph.D. – University of Illinois at Chicago

Internship – Edward Hines, Jr. VA Hospital

Current Employment: Jesse Brown VA Medical Center, Chicago

Jessica Kinkela, Ph.D. (Neuropsychology-Second Year)

Ph.D. – Ohio University

Internship – John D. Dingell VA Medical Center

Employment: Battle Creek VA Medical Center, Battle Creek, Michigan

Brenda Sampat, Ph.D. (Primary Care and Health Psychology)

Ph.D. – University of Kansas

Internship – Edward Hines, Jr. VA Hospital

Current Employment: Birmingham VA Medical Center, Birmingham, Alabama

Jessica Thull, Ph.D. (Medical Rehabilitation Psychology)

Ph.D. – Marquette University

Internship – Louis Stokes Cleveland Dept. of VA Medical Center

Current Employment: Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin

2008-09

David Cosio, Ph.D. (Primary Care and Health Psychology)

Ph.D. - Ohio University

Internship – University of Massachusetts-Amherst, Mental Health Services (UHS)

Current Employment: Jesse Brown VA Medical Center, Chicago

Elizabeth Frazier, Ph.D. (PTSD/Substance Abuse)

Ph.D. – University of Alabama at Birmingham

Internship – San Francisco VA Medical Center

Current Employment: James A. Haley Veterans Hospital, Tampa, Florida

Elizabeth Horin, Ph.D. (Medical Rehabilitation Psychology)

Ph.D. – DePaul University

Internship – Ann Arbor VA Healthcare System and University of Michigan
Healthcare System

Current Employment: VA Long Beach Healthcare System, Long Beach, California

Jessica Kinkela, Ph.D. (Neuropsychology-First Year)

Ph.D. – Ohio University

Internship – John D. Dingell VA Medical Center

Employment: Battle Creek VA Medical Center, Battle Creek, Michigan

INTERNSHIP AND EXTERNSHIP TRAINING IN PSYCHOLOGY

Hines is authorized to provide clinical and counseling psychology internship training to seven students in 2015-16. Detailed information about the Internship Program, including interns who have trained at Hines, is available in our Internship Brochure, which is available online. Hines offers externship training to 15 externs in 2014-15. Detailed information about our externship training is available in our Externship Handbook.

ROTATIONAL STRUCTURE

During the first quarter, the Training Director and Mentor will meet with the Fellow to complete an individual training schedule for the year. The training year is divided into four three-month quarters. Because Fellows may concurrently work within various rotations across the year, quarterly periods serve primarily as time points for evaluations and for transition from one rotation to another. Listed below are the rotations designated within each emphasis area and rotational selection structure.

EMPHASIS IN INTEGRATED CARE PSYCHOLOGY

In this special emphasis area, the Fellow attains competencies in behavioral medicine, primary care and general professional practice within two nationally recognized best practice programs. The Fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in interdisciplinary primary care and related medical settings. Through clinical practice and supervision, the Fellow will develop advanced skills in the evaluation and treatment of biopsychosocial factors that affect patient health outcomes and functioning. In addition, the Fellow will acquire advanced skills in effective interdisciplinary consultation and collaboration within the framework of primary care.

Hines VA Hospital's Fellowship Program is pleased to offer TWO postdoctoral positions in Integrated Care Psychology. One position will have a primary placement in the Home Based Primary Care Program whereas the second position will have a primary placement in the Primary Care Mental Health Integration Program. Both positions prepare Fellows for competitive careers within Integrated Healthcare. Applicants may apply to one or both of the tracks offered within the Integrated Care Psychology Special emphasis area. Each track consists of a nine-month rotation (i.e., September to June) in the primary placement area, either Home Based Primary Care or Primary Care-Mental Health Integration. This allows for the development of depth of training experience. Each track also consists of a three-month rotation (i.e., June-August) in the secondary placement area. This affords the Fellow diversity of training settings within Integrated Care Psychology. Additionally, the Fellow may elect an optional year-long minor rotation consisting of approximately six hours per week in a focused training area. A Fellow may select a minor within any Integrated Care Psychology setting regardless of that Fellow's selected track. For example, a Fellow completing the Home Based Primary Care rotation will spend the first nine months of the year with Home Based Primary Care, the remaining three months with Primary Care-Mental Health Integration, and may elect to carry an optional year-long minor rotation with Health Promotion Disease Prevention.

Whereas both postdoctoral positions within Integrated Care Psychology offer advanced training in population based behavioral health and behavioral medicine training within medical team settings, there are distinct areas of focus. The Home Based Primary Care rotation involves a greater focus on ongoing management of chronic illness and multimorbidities, thus emphasizing skills in secondary and tertiary prevention. Moreover, since care for many patients with serious chronic illnesses must eventually shift from a curative approach to a primarily palliative approach, the Fellow will gain skills to support patients' comfort and independence at home at the end of life. Additionally, within Home Based Primary Care the Fellow will have more opportunities to gain experience in the systems approach (i.e., involving families/ caregivers and community agencies) to primary care psychology through utilization of an ecological theoretical framework. Furthermore, the Fellow will gain skills necessary to provide services to a patient population that is highly medically, emotionally, and cognitively complex, with increased training opportunities in the practice of geropsychology. The Primary Care-Mental Health Integration rotation focuses a greater percentage of the year on outpatient (clinic-based) integrated mental health and behavioral medicine treatments within the Patient Aligned Care Team (PACT) primary care clinics. This affords an opportunity to influence a large primary care population (e.g., >48,000 patient) and involves many opportunities for administrative and leadership skill development within outpatient clinic-based integrated care settings. Additionally, the Primary Care-Mental Health Integration rotation involves a greater emphasis on primary prevention, including a comprehensive facility wellness initiative. The Primary Care-Mental Health

Integration program also acts as the clinical arm of the Health Promotion Disease Prevention program, thus allowing for participation in structured clinical programming such as chronic pain, insomnia, and shared medical appointments (e.g., interdisciplinary team-based group care for patients with chronic medical conditions).

TRACK 1: FOCUS ON MENTAL HEALTH IN HOME BASED PRIMARY CARE (i.e., nine month rotation in HBPC and three month rotation in PCMHI)

ASSIGNMENT SUPERVISORS: Anjuli Amin, Ph.D.; Ariel Laudermith, Ph.D.; Irena Persky, Ph.D.

ASSIGNMENT LOCATION: Home Based Primary Care (HBPC), a special population Patient Aligned Care Team
Building 1/Building 228; Community (patients' homes & assisted living centers); Inpatient follow-up, when appropriate

ROTATION DESCRIPTION:

On this rotation, the Fellow will gain experience working as a member of an interdisciplinary Home Based Primary Care (HBPC) Program. HBPC is designated as a specialty PACT (Patient Aligned Care Team) population program, which is comprised of the following disciplines: medicine, nursing, pharmacy, kinesiotherapy, dietetics, social work, psychology, and psychiatry. The program provides a comprehensive array of services to Veterans with complex, chronic, and disabling medical diseases (e.g., heart disease, diabetes, cancer, stroke, dementia, motor neuron diseases such as ALS, etc), who often present with co-morbid mental and behavioral health conditions. HBPC services focus on supporting the effective management of chronic illness and reducing healthcare costs by empowering Veterans and their families/caregivers to maintain/restore health, maximize functioning and foster optimal quality of life. The overwhelming majority of patients in the program are geriatric, but ages vary widely (25-100). Hines HBPC program is one of the largest in the country, with four psychologists, one psychiatrist, and five social work staff, all of whom are integral members of the treatment team.

Psychology services in HBPC are driven by Interdisciplinary Care, Collaborative Care and Patient Centered Care principles. HBPC Psychologists engage in these practices through ongoing collaboration with various team members. As part of patient care, the Fellow will be expected to provide ongoing team consultation services through activities such as participation in interdisciplinary team meetings, "curbside consultation," and making joint home visits with professionals from other disciplines. The Fellow will also promote communication/interactions between interdisciplinary team members and patients and their families to facilitate the treatment process. The Fellow will provide a full range of mental and behavioral health services that include biopsychosocial, cognitive, and capacity assessments, psychotherapeutic and behavioral medicine/rehabilitative interventions, and prevention-oriented services. Assessment and interventions will be provided through different modalities, such as direct in-person encounters and through telephone or telehealth mediums. The Fellow will have the opportunity to address Axis I conditions as well as subclinical symptoms of dysphoria and anxiety, and adjustment difficulties (e.g., adjustment to chronic or terminal illness, end-of-life issues). In addition, the Fellow will provide behavioral medicine interventions to manage pain, optimize rehabilitative gains, address sleep difficulties, promote weight loss and smoking cessation, enhance medical adherence and manage maladaptive behaviors.

Psychological services will utilize evidenced-based and best-practice approaches focusing on integrated, patient-centric models of care (e.g., brief, time-limited). The Fellow will provide psychoeducational and supportive interventions for caregivers (i.e., spouses, family members)

who are crucial to sustaining the Veteran in the home environment, managing their chronic illnesses, and preserving dignity at the end-of-life. For example, caregivers may be trained to better manage behavioral problems associated with dementia allowing for a reduction in the use of psychotropic medication as a means of controlling behavioral problems. Individual, couples, family and group interventions will also be provided across a variety of settings, including patients' homes (in both urban and rural communities), assisted living residences, outpatient hospital clinics, and inpatient hospital units (for continuity of care needs). This rotation emphasizes learning how to practice in the context of family and community and integrate the patient's ecology into patient care. In general, only 25%-35% of clinical services are provided by the Fellow in patients' homes. In order to maximize learning opportunities, driving time is minimized as much as possible. When joint home visits are conducted driving time will be utilized for consultation or supervision purposes.

The Fellow will also be encouraged to attend and present information at didactic seminars across disciplines (e.g., Geriatrics, Psychiatry, Primary Care), develop programming and participate in performance improvement projects. Opportunity to gain rural primary care experience is available through Hines' satellite clinics.

The Fellow will have the opportunity to select a minor rotation (approximately six hrs/week), which could include:

Tele-health Care

Within this minor rotation, fellows will have the opportunity to co-lead short-term telephone groups for patients and/or caregivers. Examples of possible telephone groups include (but are not limited to): reminiscence therapy to reduce loneliness/depression, psychoeducation and coping (e.g., chronic heart failure management), and caregiver support. Fellows will have the opportunity to recruit patients, design the structure of the group, complete in-person pre and post group assessments, and co-lead weekly group calls.

Rural Care

HBPC Hines Psychologists cover five CBOCs (Community Based Outpatient Clinics), two of which are designated as rural by the Office of Rural Health. Fellows who elect this minor will have the opportunity to gain experience working with veterans and the interdisciplinary treatment team located in our rural areas. Fellows will gain insight into the unique characteristics and challenges (e.g., limited resources) of working within rural regions.

Late Life Care

Fellows who elect this minor will have the opportunity to work with patients who are nearing the end of their lives, some of whom may be diagnosed with a terminal illness. End-of-life choices and medical decisions have complex psychosocial components, ramifications, and consequences that have a significant impact on suffering and the quality of the living and dying. As people approach the end of their lives, they and their families commonly face tasks and decisions that include a broad array of choices ranging from simple to complex. Fellows will have the opportunity to assist patients as they face some of these issues, many of which may be practical, psychosocial, spiritual, medical or legal in nature.

Caregiver/Family health

A caregiver is someone (e.g., a spouse, adult child, parent, family member, or a friend) who provides personal care services for a Veteran. These services could include assistance with activities of daily living like personal hygiene, or providing supervision to ensure the safety of the Veteran. Within HBPC, psychologists play an integral role in supporting caregivers of Veterans, our partners in ensuring the best care of Veterans. Within this minor rotation, fellows will have the opportunity to provide evidence-based interventions for caregiver stress that focus on increasing caregivers' knowledge of effective and safe caregiving strategies and improve their emotional coping skills in order to reduce or prevent stress-related problems and enhance their quality of life.

Cognitive Assessment/Intervention

Within HBPC, assessment opportunities include neuropsychological testing for patients who present with cognitive deficits and capacity and safety evaluations. Fellows who elect this minor will focus on enhancing their ability to select appropriate assessment tools and evaluate and communicate the results of testing to the patient and HBPC treatment team. Fellows will also work to familiarize themselves with the process of conducting testing within a patient's home environment.

Program Development and Evaluation/Administration

Fellows who elect this minor rotation will have the opportunity to do a project within HBPC to meet the Fellowship Core Competency in Program Development and Evaluation/Administration. Some examples of completed projects include development and implementation of telephone education and therapy groups, patient tracking database development, and data analysis of referrals to HBPC Psychology.

ROTATION TRAINING GOALS:

1. To develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in primary medical care settings
2. To develop advanced skills in the evaluation and treatment of emotional, behavioral, and cognitive factors that affect patient health outcomes and functioning
3. To develop advanced skills in effective interdisciplinary functioning within the primary care work

ROTATION TRAINING OBJECTIVES:

The Fellow will develop and solidify core competencies in the following domains (adapted from Robinson & Reiter, 2007):

1. Clinical practice

- a. Diagnostic interviewing to identify problem/s of concern; limit number of target problems consistent with strategic theories of change; focus on functional outcomes
- b. Conduct appropriate assessments (e.g., identification of symptomatology, cognitive impairment, diminished capacity)
- c. Show knowledge of and implement best practice guidelines, and use evidence-based or empirically-supported treatments for clinical, subclinical and behavioral health conditions with a focus on brief, solution-focused treatment
- d. Develop advanced understanding of relationship of medical and psychological processes
- e. Show knowledge of psychotropic medications and strategies for promoting adherence
- f. Provide health promotion/disease prevention/primary care lifestyle interventions

2. Practice management

- a. Use sessions efficiently; stay on time when conducting consecutive appointments; use intermittent visit strategy to support home-based practice model
- b. Choreograph patient visits within existing medical services process; coordinate triage of patients to and from external specialty services (e.g., mental health, Alcohol Treatment Program)
- c. Evaluate outcomes of interventions and implement alternative treatment when indicated

3. Consultation and team performance

- a. Focus on and respond to the referral question; tailor recommendations to work pace of medical units; make recommendations concrete and easily understood by all HBPC team members; focus on recommendations that reduce physician/nurse visits and workload
- b. Provide timely feedback to referring providers
- c. Conduct effective unscheduled/high need/risk consultations
- d. Be willing and able to assertively follow-up with health care team members, when indicated
- e. Prepare and present brief psychoeducational presentations to HBPC staff
- f. Attend and actively participate in interdisciplinary team meetings

4. Documentation/administrative skills

- a. Document response to referral question in a timely manner
- b. Write timely, clear and concise chart notes indicating assessment results, with objective, quantifiable goals for treatment, response and patient adherence to homework/ treatment recommendations
- c. Document curbside consultations, telephone calls, forms completed and letters written for or received from patients
- d. Understand and apply risk management protocols
- e. Document patient and/or family/caregiver education

For Fellows with an interest in Geropsychology, the nature of the HBPC population also allows for fulfillment of training objectives specific to and based on the Pikes Peak Model for Geropsychology Training (Knight, Karel, Hinrichsen, Qualls, and Duffy, 2008):

1. Knowledge in the following domains:

- a. Adult development, aging, and the older adult population (e.g., normal adult biological, psychological, emotional, and social development)
- b. The interaction of life span development with increased neurological and health problems in later life (e.g., cognitive changes, functional changes)
- c. Distinctive features of psychopathology in later life
- d. Developmental, cohort, contextual and systemic issues

2. Skill in:

- a. Understanding and applying aging-specific aspects of informed consent, confidentiality, capacity and competency, end-of-life decision making, and elder abuse and neglect
- b. Applying understanding of cultural and individual diversity among older adults to assessment, intervention, and consultation

SUPERVISION:

Following a graduated levels of responsibility model, the Fellow will initially shadow the supervising psychologist on home visits, then be accompanied by the supervising psychologist with fellow taking the lead during encounters, and subsequently transition to making home visits on his/her own. The Fellow will have a VA issued cell phone while in the community and a supervisor will be reachable via phone at all times while the Fellow is off-site conducting home visits. The Fellow will meet weekly with the supervising psychologist regarding core competencies and overall professional development. A major focus of supervision will be on evidence-based practice in psychology and professional development. Supervision will also encompass a didactic component, focusing on literature relevant to practicing in primary care settings, with a geriatric population, and in the community.

TRACK 2: FOCUS ON PRIMARY CARE MENTAL HEALTH INTEGRATION (i.e., nine month rotation in PC MHI and three month rotation in HBPC)

SUPERVISORS: Matthew Davis, Ph.D., M.P.H.; Julie Horn, Ph.D.; Jamie Mathews, Psy.D.; Kelly Moore, Ph.D.; Erin Zerth, Ph.D.

LOCATION: Primary Care Clinics (Patient Aligned Care Teams or "PACT") and Specialty Medicine Clinics

DESCRIPTION:

On this rotation, the Fellow will work as a fully-incorporated member of a VHA Office of Mental Health Operations Strong Practice recognized interdisciplinary Primary Care Mental Health Integration (PCMHI) team. At Hines VA Hospital, the PCMHI team is referred to as Primary Care Behavioral Health (PCBH), in order to emphasize the collaboration with medical providers and limit stigma for Veterans receiving services. PCBH Psychology provides co-located, collaborative, biopsychosocially-oriented consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT) and select specialty medicine clinics. PCBH Psychology plays an integral role within the interdisciplinary PCBH team (comprised of psychology, psychiatry, social work, advanced practice nursing) and Primary Care service (comprised of physicians, medical residents, nursing, nurse practitioners, pharmacy, dietetics, education service, and medical social work) in assisting primary care providers with early identification and intervention of maladaptive health behaviors and mental health difficulties. PCBH Psychology provides same-day, open access behavioral medicine services via consultation with primary care providers as well as targeted evaluation and brief treatment for patients with broad-ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns. The Hines VA Hospital Primary Care general clinic patient population is primarily male, over age 50, and ethnically diverse; however, PCBH Psychology also provides services to Primary Care's distinct Women's Health and OIF/OEF clinics.

ACTIVITIES IN CONSULTATION, ASSESSMENT, AND INTERVENTION:

The Fellow will gain experience within a fast-paced and primarily-outpatient primary care setting. Broadly, the Fellow will focus on developing proficiency in health consultation, assessment and interventions that are respectful of the complexities and interactions of the biopsychosocial model of health. The role of PCBH Psychologists in Hines VA Hospital's Primary Care Clinic is truly integrative, and Fellows will work collaboratively with Primary Care providers to enhance treatment of the full spectrum of medical and psychological problems that are presented by clinic patients. There will be an emphasis on both patient-centered consultation and cross-disciplinary collaboration. Interdisciplinary interaction takes place via participation in PCBH team meetings, Primary Care "teamlet" huddles, and curbside and formal consultation. The Fellow will be provided with medical knowledge sufficient to communicate with physicians and other Primary Care providers and to understand medical charts as well as the relationship between health and behavior.

The Fellow will focus on developing assessment skills with specific patient concerns (e.g., insomnia, patient adherence associated with diabetes, cardiac issues, depression), as well as brief, targeted assessment focused on rapid problem identification and treatment planning. Assessment skills are also geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in health care. The Fellow will have the opportunity to learn how medical illness may complicate the psychological diagnostic process as well as how psychological and behavioral health problems negatively impact one's ability to optimally participate in maintaining their physical wellbeing.

Intervention is typically focused on helping patients cope more effectively with major medical illnesses, promoting healthy lifestyles, encouraging treatment adherence, enhancing overall quality of life, and helping patients adjust to functional changes and shifts in family roles/dynamics that may occur as a result of medical problems. The majority of interventions are short-term, solution-focused, and cognitive-behavioral in nature. There is emphasis on using empirically-validated or evidence-based treatments for a spectrum of disease processes.

ACTIVITIES IN SUPERVISION:

The fellow will gain competence in provision of supervision to Psychology Interns and/or Externs. Level of supervisory responsibility will be dependent on the skill set of the incoming Fellow and will likely evolve through the training year.

STRUCTURE:

Over the course of the training year, the Fellow is expected to complete a nine-month major rotation within the PCBH program. This allows for immersion in clinical, administrative, and educational functions within clinic-based PCBH. In order to complement the development of integrated care competencies, the Fellow will spend the final three months of the training year in a major rotation within the Home Based Primary Care (HBPC) program. The Fellow will be encouraged to attend relevant didactic opportunities available throughout Hines VA Hospital; the affiliated Loyola University Medical Center; or other area grand rounds, seminars, and workshops, as available. The Fellow may also choose to complete a year-long minor rotation that will comprise six hours/week in PCBH, HBPC, or Health Promotion/Disease Prevention (HPDP) programming. Whereas all described minor rotation opportunities may be open to the Fellow to gain breadth of experience throughout the training year, selecting an area as a minor ensures depth in that particular area.

Minors are determined in collaboration with staff and trainees at the beginning of the training year and are based on training needs as well as staff and clinic availability. Supervisors can offer an exhaustive list of potential minors at the beginning of the training year; however, examples of previous/potential minors are listed below:

Health Promotion/Disease Prevention (HPDP)

Health Promotion/Disease Prevention (HPDP) is a VA initiative launched in recognition that maladaptive health behaviors affect the development and maintenance of chronic disease. This assignment incorporates a strong behavioral medicine focus and emphasizes the unique health psychology skill set involved in the provision of both individualized patient-centered care and population-focused care to support Veterans in making positive health behavior changes. On this minor rotation, the Fellow will collaborate with the facility's Health Behavior Coordinators (HBC) in the provision of direct clinical care (individual and group), staff education, patient consultation, outreach, and program development/management/evaluation services consistent

with health promotion and disease prevention initiatives. Health Promotion/Disease Prevention Services are interdisciplinary in nature, and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and other medical center programs.

Motivational Interviewing (MI)/Health Coaching

Motivational Interviewing (MI) is an empirically validated treatment for a variety of psychological and behavioral concerns. Health coaching is an empirically-validated skill set to assist Veterans with making behavioral changes to improve their health. This assignment emphasizes increasing competency in provision and teaching of MI and health coaching. Postdocs will work with MI trained-staff members to increase utilization and confidence in these Veteran-centered strategies. Facilitation of MI and health coaching training session for hospital providers will also be incorporated.

Behavioral Medicine Group Treatment

Group treatment is integral to the Primary Care Behavioral Health (PCBH) program in that it supports the population-based model of care by providing targeted intervention to a large representation of Primary Care and specialty clinic patients. Groups are structured following empirically-based treatment protocols and emphasize adjustment to illness and management of emotional difficulties secondary to medical problems. A range of groups focused on behavioral and mental health concerns are offered through the PCBH program, including Healthy Living With Diabetes, CBT for Chronic Pain, Moving Forward (Problem Solving Therapy), Depression Related to a Medical Condition, Anxiety Related to a Medical Condition, and Caregiver Support. Fellows will also be involved in shared medical appointments, which are interdisciplinary appointments in PACT focused on a particular medical condition, such as hypertension, dyslipidemia, or diabetes. This minor rotation emphasizes increasing competency in providing psychoeducation and facilitating groups for various presenting problems. Opportunities to develop and implement a new group may be incorporated. Fellows may also have opportunities to supervise and co-facilitate groups with Psychology Interns and/or Externs.

Rural and Tele-Mental Health

The VA is committed to providing comprehensive healthcare and mental health care to Veterans located in rural settings who either cannot come to the main hospital campus for frequent visits, or whose local Community Based Outpatient Clinic (CBOC) might not have on-site staff to provide more specialized services. To allow for added convenience while maintaining the integrity of service-delivery, Veterans can go to their nearest CBOC and receive additional services as needed via video conferencing technology (V-Tel) that allows for live interface with healthcare providers located in another treatment setting. This minor rotation will focus on increasing competency providing PCBH services to Veterans at rural CBOCs through utilization of V-Tel equipment. It will also focus on providing integrated care across clinics and allow the fellow to gain experience working with rural populations. Appointments are scheduled in advance, and consistent with in-person PCBH services; interventions are generally short-term and emphasize using empirically-validated or evidence-based treatments.

Chronic Pain

PCBH offers a stepped-care, population-focused approach to the behavioral health treatment of chronic pain for the entire hospital population. PCBH is instrumental in collaborating with other medical specialties to ensure coordination of care across treatment settings. Opportunities on this minor rotation include facilitating interdisciplinary "Coping with Chronic Pain" pain

psychoeducation classes, evidence-based intervention groups, and focuses individual assessment and treatment.

Weight Loss and Bariatrics

PCBH staff partner with the VA's MOVE! weight loss program to provide behavioral medicine-oriented treatment for Veterans seeking weight loss assistance. Opportunities include consultation on hospital policy, interdisciplinary collaboration, educational and group intervention, and individual assessment (e.g., bariatric pre-surgical evaluation, eating disorder assessment) and treatment.

GOALS:

1. The primary responsibility of the Fellow will be to develop advanced competence in providing clinical services to patients who are coping with acute and/or chronic medical and mental health conditions and to facilitate lifestyle change in those patients who are at risk for chronic conditions.
2. Develop advanced understanding of the complex interrelationship between psychological and physical wellbeing, as well as the biopsychosocial components of health and illness.
3. Demonstrate the ability to provide consultation within integrated care settings and interact with fellow health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understanding across disciplines.
4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence-based treatments, application of population-based care, rapid problem identification, focus on functional outcomes).
5. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of patients' treatment plans.
6. Knowledge and skill in identifying and managing the distinctive ethical and legal issues encountered in primary care practice (e.g., capacity/decision making).

TRAINING OBJECTIVES:

The Fellow will demonstrate competency in the following areas:

1. The Fellow will conduct individual, couples and group psychotherapy aimed at symptom reduction and increased adherence.
2. The Fellow will develop advanced skills in serving as a consultant-liaison to interdisciplinary treatment teams in the Primary Care setting.
3. The Fellow will demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced Primary Care environment. Further, the Fellow will clarify and appropriately respond to requests for consultation in a timely manner.
4. The Fellow will develop treatment plans that are respectful of a short-term, solution-focused, evidenced-based practice model, with a focus on functional outcomes as well as health promotion/disease prevention.
5. The Fellow will use appropriate outcome measures to assess and measure the efficacy of interventions.
6. The Fellow will participate in the supervision of Psychology Service Interns and/or Externs.

SUPERVISION:

The Fellow will meet weekly with supervising psychologists. A major focus of supervision will be on evidenced-based practice in Integrated Care and Health Psychology. Supervision time will focus on the development/identification of outcome measures that may be utilized in empirically-based treatments, with subsequent monitoring of symptom change. Supervision time will also focus on professional issues related to the role that Integrated Care and Health Psychologists hold within interdisciplinary medical teams. Additionally, there will be a didactic component focused on helping the Fellow achieve advanced understanding of medical problems, and how underlying psychological symptoms and/or maladaptive personality traits may negatively impact one's ability to optimally participate in health care. The Fellow will participate in twice monthly Integrated Care Grand Rounds. Additionally, the Fellow will engage in supplemental PACT Interprofessional Training opportunities alongside Psychiatry, Social Work, and Nursing PCMH trainees.

EMPHASIS IN LGBT MENTAL HEALTH

This Fellowship affords an opportunity to join Hines' commitment to addressing the special health care needs of Lesbian, Gay, Bisexual and Transgender (LGBT) Veterans and reducing health disparities for them and members of other vulnerable communities. The training year for the LGBT Health Care Fellowship takes place in a combination of medical and mental health settings. At least 70% of the training year will consist of clinical activities (including direct services as well as program evaluation, gap analyses, and/or needs assessment activities) and up to 30% of the training year will be spent in education and leadership development activities. The Fellow will participate in the following assignments: a year-long major rotation in Integrated Care Psychology (e.g., Infectious Disease, Primary Care, Women's Health), a year-long minor rotation with the Health Promotion Disease Prevention's LGBT and Minority Health Program, and a year-long minor rotation in Mental Health (within the Mental Health Clinic, also collaborating with relevant "specialty" mental health programs which may include trauma and addiction treatment programs).

Hines VA Hospital is proud to have been recognized as a Healthcare Equality Index (HEI) 2014 leader in LGBT healthcare. This recognition is earned through protecting our LGBT patients and employees from discrimination, ensuring equal visitation for LGBT people and providing staff training in LGBT patient centered-care. Hines is also pleased to boast one of the VA's most active and successful Employee LGBT/A Special Emphasis Programs (SEP). In 2011, under the guidance of the Health Promotion Disease Prevention Program and in partnership with the Minority Veterans Representative, the LGBT and Minority Health Subcommittee was formed. This Subcommittee works to ensure the facility engages in equality in outreach, safety, training, and clinical service provision. This committee, in partnership with the LGBT/A SEP, has helped sponsor two successful annual "Do Ask Do Tell: Keeping Veterans and Service Members Healthy," events, the first of such in the nation.

Please note that for the 2015-2016 academic year the LGBT Health Care Fellow will likely participate in a significant amount of policy and clinical program development activities as this fellowship position will only be in its second year. This Fellowship position is therefore best suited for candidates seeking those specific opportunities. As noted above, Hines offers enthusiastic and committed staff, programming and hospital leadership support. Interprofessional staff will partner with the LGBT Fellow to continue to build our facility's LGBT healthcare equality with a particular focus on development of integrated care and mental health clinical programming. Clinical assignments with LGBT Veterans will be prioritized, but when not available, the Fellow will be provided with clinical opportunities with the general Veteran population within the described clinical training areas.

The overarching purpose of the Hines Fellowship program is to prepare postdoctoral clinical psychology Fellows for general advanced practice across a broad range of training objectives viewed as necessary for independent professional psychology practice. These training objectives include A) assessment, B) psychotherapy and intervention, C) consultation, D) program development and evaluation, E) supervision, F) teaching, G) strategies of scholarly inquiry and clinical problem-solving, H) organization, management and administration in psychology practice, I) professional, ethical and legal conduct, and issues of cultural and individual diversity relevant to the competencies noted in A-I. The long-range objective for each Fellow is to solidify the development of a sense of professional judgment, ethics, responsibility and identity, as well as compassion for others, consistent with independent professional practice as a clinical or counseling psychologist in both a generalist capacity and in the Fellow's area of emphasis. Training objectives specific to the LGBT Mental Health Fellow center around advanced

preparation for a career committed to research, policy, and practice for LGBT individuals and their families. To achieve such objectives, in addition to the clinical assignments outlined below, the Fellow will attend the bi-weekly Postdoctoral Fellowship Seminar Series that includes topics on LGBT Veteran Health, Social Justice, and Psychology and Advocacy/Politics. The LBGT Fellow will also attend a monthly Diversity Topics Journal Club and is encouraged to participate in the Internship seminars, particularly the Diversity Series. The Fellow will be asked to develop a three-session didactic curriculum on LGBT health care to present to Interns and relevant Psychology staff. The Fellow will also be invited to formally present at Grand Rounds for both Psychiatry and Integrated Care. Lastly, the Fellow will be engaged in service specific didactic series, such as Integrated Care Psychology Grand Rounds; Howard Brown trainings (Midwest's largest LGBT Health Organization who partners with Hines to provide several annual staff trainings), VA LGBT Health Care specific cyber series presentations (e.g., VA Office of Diversity and Inclusion, National Center for Health Promotion Disease Prevention), and accredited coursework available online via the Fenway Institute (national LGBT health education center).

MAJOR ROTATION IN INTEGRATED CARE – LGBT EMPHASIS

ASSIGNMENT SUPERVISORS: Julie Horn, PhD, Matthew Davis, PhD, MPH, Jamie Mathews, PsyD, Kelly Moore, PhD, Erin Zerth, PhD

ASSIGNMENT LOCATION: Primary Care Clinics (Patient Aligned Care Teams or "PACT") Building 200, Building 228; Women's Health Clinic Building 200; Infectious Diseases Clinic, Building 200

ASSIGNMENT DESCRIPTION:

The Fellow is expected to spend approximately two days per week on this year-long major rotation. On this rotation, the Fellow attains competencies in both behavioral medicine and general professional practice with an emphasis in providing care to LGBT-identified Veterans. The Fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in interdisciplinary primary care settings. Through clinical practice and supervision, the Fellow will develop advanced skills in the evaluation and treatment of biopsychosocial factors that affect LGBT Veterans' health outcomes and functioning. In addition, the Fellow will acquire advanced skills in effective interdisciplinary consultation and collaboration within the framework of primary care.

On this rotation, the Fellow will work as a fully incorporated member of an interdisciplinary Primary Care-Mental Health Integration (PC-MHI) team. At Hines VA Hospital, the PC-MHI team is referred to as Primary Care Behavioral Health (PCBH), in order to emphasize the collaboration with medical providers and limit stigma for Veterans receiving services. PCBH Psychology provides co-located, collaborative biopsychosocially-oriented consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT) and select specialty medicine clinics, such as the Infectious Diseases Clinic, where HIV is treated. PCBH Psychology plays an integral role within the interdisciplinary PCBH team (comprised of psychology, psychiatry, social work, advanced practice nursing) and Primary Care service (comprised of physicians, medical residents, nursing, nurse practitioners, pharmacy, dietetics, education service, and medical social work) in assisting primary care providers with early identification and intervention of maladaptive health behaviors and mental health difficulties. PCBH Psychology provides same-day, open access behavioral medicine services via consultation with primary care providers as well as targeted evaluation and brief treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns. In order to be a fully-incorporated member of a PCBH team, it is anticipated that the Fellow will spend time on this rotation in scheduled visits with LGBT Veterans, and will accept warm handoffs as needed, regardless of Veterans' LGBT identification.

The Fellow will gain experience within a fast-paced and primarily-outpatient primary care setting. Broadly, the Fellow will focus on developing proficiency in health consultation, assessment and interventions that are respectful of the complexities and interactions of the biopsychosocial model of health. The role of PCBH Psychologists in Hines VA Hospital's Primary Care Clinic is truly integrative, and Fellows will work collaboratively with Primary Care providers to enhance treatment of the full spectrum of medical and psychological problems that are presented by clinic patients. There will be an emphasis on both patient-centered consultation and cross-disciplinary collaboration. Interdisciplinary interaction takes place via participation in

PCBH team meetings, primary care "teamlet" huddles, and curbside and formal consultation. The Fellow will be provided with medical knowledge sufficient to communicate with physicians and other Primary Care providers and to understand medical charts as well as the relationship between health and behavior.

The Fellow will focus on developing assessment skills with specific patient concerns (e.g., insomnia, hormone therapy, patient adherence associated with diabetes or HIV, depression, women's health issues), as well as brief, targeted assessment focused on rapid problem identification and treatment planning. Assessment skills are also geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in health care. The Fellow will have the opportunity to learn how medical illness may complicate the psychological diagnostic process as well as how psychological and behavioral health problems negatively impact one's ability to optimally participate in maintaining their physical wellbeing.

Intervention is typically focused on helping patients cope more effectively with major medical illnesses, promoting healthy lifestyles, encouraging treatment adherence, enhancing overall quality of life, and helping patients adjust to functional changes and shifts in family roles/dynamics that may occur as a result of medical issues, transitioning, or the coming out process. The majority of interventions are short-term, solution-focused, and cognitive-behavioral in nature. There is emphasis on using empirically validated or evidence-based treatments for a spectrum of disease processes.

The Fellow will gain competence in provision of supervision to Psychology Interns and/or Externs. Level of supervisory responsibility will be dependent on skill set of incoming Fellow and will likely evolve through training year.

GOALS:

1. The primary responsibility of the Fellow will be to develop advanced competence in providing clinical services to LGBT-identified Veterans who are coping with acute and/or chronic medical and mental health conditions and to facilitate lifestyle change in those patients who are at risk for chronic conditions.
2. Develop advanced understanding of the complex interrelationship between psychological and physical wellbeing, as well as the biopsychosocial components of health and illness.
3. Demonstrate the ability to provide consultation within integrated care settings and interact with health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understanding across disciplines.
4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence-based treatments, application of population-based care, rapid problem identification, focus on functional outcomes).
5. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of Veterans' treatment plans.
6. Knowledge and skill in identifying and managing the distinctive ethical and legal issues encountered in primary care practice (e.g., capacity/decision making).
7. Learn about the systemic and administrative components of the VHA and how these interact with patient care, and serve as an advocate for LGBT Veterans as they navigate this system.

TRAINING OBJECTIVES:

The Fellow will demonstrate competency in the following areas:

1. The Fellow will conduct individual, couples and group psychotherapy with LGBT identified Veterans aimed at symptom reduction and increased adherence
2. The Fellow will develop advanced skills in serving as a consultant-liaison to interdisciplinary treatment teams in the Primary Care setting
3. The Fellow will demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast paced primary care environment. Further, the Fellow will clarify and appropriately respond to requests for consultation in a timely manner.
4. The Fellow will develop treatment plans that are respectful of a short-term, solution-focused, evidenced-based practice model, with a focus on functional outcomes as well as health promotion/disease prevention.
5. The Fellow will use appropriate outcome measures to assess and measure the efficacy of interventions.
6. The Fellow will participate in the supervision of Psychology Service Interns and/or Externs.
7. The Fellow will develop clinical and cultural competencies working with LGBT-identified Veterans and serve as a point of contact for providing both formal and as-needed training and education to PCBH team members and other identified staff members.

SUPERVISION:

The Fellow will meet weekly with supervising psychologists. A major focus of supervision will be on evidenced-based practice in Health Psychology. Additionally, ample time will be spent addressing cultural competency and examining health behaviors and biopsychosocial factors influencing LGBT populations. Supervision time will focus on the development/identification of outcome measures that may be utilized in empirically-based treatments, with subsequent monitoring of symptom change. Supervision time will also focus on professional issues related to the role that health psychologists hold within interdisciplinary medical teams. Additionally, there will be a didactic component focused on helping the Fellow achieve advanced understanding of medical problems, and how underlying psychological symptoms and/or maladaptive personality traits may negatively impact one's ability to optimally participate in health care.

MINOR ROTATION IN MENTAL HEALTH CLINIC– LGBT EMPHASIS

ASSIGNMENT SUPERVISORS: Kristin Raley, PhD; Meghan McCoy-Hess, PhD

ASSIGNMENT LOCATION: Mental Health Clinic, Building 228; Collaboration with Addiction Treatment and Trauma Services Programs

ASSIGNMENT DESCRIPTION:

The Mental Health Clinic (MHC) is a general clinic serving an ethnically and socioeconomically diverse population with a wide variety of presenting problems. Mental health issues addressed in this clinic include mood disorders, PTSD and other anxiety disorders, personality disorders, adjustment disorders, and relationship problems. This year-long minor rotation (approximately one day/week) will emphasize the assessment, diagnosis, and treatment of a wide-range of mental health issues in the LGBT and non-LGBT Veteran population. Opportunities for individual and couple's psychotherapy are available, as well as participation in group therapy modalities. If the fellow has an interest in utilizing evidence-based practices for PTSD (Cognitive Processing Therapy or Prolonged Exposure), they may have an opportunity to provide these treatments to appropriate veterans upon referral from the Trauma Services Program. Referrals of LGBT veterans for individual therapy from specialty clinics not offering those services, or LGBT veterans in specialty programs whose sexual orientation and/or gender identification are a significant factor in their psychological functioning, are also possible. Opportunities for program development, including developing group treatment specifically for LGBT veterans, will be available. It should be noted that the LGBT population is, at present, not well identified by the VA system; therefore, the fellow may also be asked to provide psychological services to non-LGBT veterans.

The fellow will have the opportunity to provide consultation to mental health providers in MHC and specialty mental health clinics regarding issues pertinent to LGBT veterans. A formal, educational presentation to providers in MHC, including psychiatrists, psychologists, social workers, and clinical nurse specialists, related to LGBT mental health is required.

The fellow will be expected to adhere to a recovery-oriented approach to mental health treatment. This will involve the utilization of evidence based practices when applicable, as well as researching and utilizing available community resources. Consistent with the VA mission to provide recovery oriented care, the post-doc will have opportunities to work collaboratively with the Local Recovery Coordinator to ensure services are recovery-oriented. Opportunities may include, but are not limited to, promoting wellness and recovery, addressing the impact of stigma on mental health treatment in the LGBT population, providing education to Peer Support Specialists, and consulting with various program re-design committees to ensure recovery-based services are offered to all Veterans served in the Mental Health Service Line.

GOALS:

1. To develop skills in assessment and diagnosis of psychiatric disorders, specifically with LGBT Veterans.
2. To develop skills in providing recovery-oriented treatment to LGBT Veterans with a range of presenting problems.

3. To develop consultation skills by being available to providers in MHC and specialty mental health clinics for case consultation related to LGBT mental health.
4. To develop presentation skills by offering educational seminars to providers regarding developments in LGBT mental health assessment and treatment.
5. To better understand the recovery model and how it impacts LGBT mental health treatment.
6. To participate in recovery-oriented programming, education, and outreach.

TRAINING OBJECTIVES:

1. The Fellow will conduct individual, couples, and/or group psychotherapy with LGBT identified Veterans aimed at symptom reduction and improved psychological functioning.
2. The Fellow will develop treatment plans and goals that are commensurate with a recovery-oriented approach to mental health treatment.
3. The Fellow will develop clinical and cultural competencies working with LGBT identified Veterans and serve as a point of contact for providing both formal and as-needed training and education to MHC team members and other identified staff members.
4. The Fellow will collaborate with the Local Recovery Coordinator to promote the VA mission of providing recovery-oriented services to all Veterans while focusing primarily on providing these services to the LGBT Veteran community.
5. The Fellow will maintain a professional identity as an advocate for LGBT Veterans, particularly within the Mental Health Service Line but also throughout the medical center.

SUPERVISION:

Supervision will be designed to further build upon knowledge and skills developed during the pre-doctoral internship. Fellows will receive at least two hours of individual supervision across rotations, with the amount of supervision from each program being commensurate to the fellow's time commitment to that program. Supervision will focus primarily on clinical work; however, professional identity development will also be incorporated into supervision. The fellow is expected to become more autonomous as the year progresses and to seek opportunities to further develop his or her professional interests.

MINOR ROTATION IN HEALTH PROMOTION DISEASE PREVENTION- LGBT AND MINORITY VETERAN HEALTH

ASSIGNMENT SUPERVISORS: Matt Davis, PhD, MPH; Jamie Mathews, PsyD; Erin Zerth, PhD

ASSIGNMENT LOCATION: Throughout hospital, Community Based Outpatient Clinics (CBOCs) and throughout Hines Coverage Area (community)

ASSIGNMENT DESCRIPTION:

Health Promotion Disease Prevention (HPDP) is a VA initiative launched in recognition that maladaptive health behaviors affect the development and maintenance of chronic disease. This year-long minor rotation (approximately one day/week) will predominantly consist of a leadership role with the HPDP LGBT and Minority Health Subcommittee. On this rotation, the Fellow will collaborate with the Subcommittee Co-chairs and Health Behavior Coordinators (HBCs) in the provision of direct behavioral-medicine-focused clinical care within medical settings (individual and group), staff education, patient consultation and program development/management/evaluation services consistent with LGBT/A health promotion and disease prevention initiatives. Specific opportunities within the HPDP Program's LGBT and Minority Health Subcommittee include gap analyses, needs assessment, program development, outreach and staff trainings. Proposed activities include leading projects aimed to create a welcoming environment for LGBT and other minority Veterans at Hines and CBOCs, increasing understanding and awareness of health concerns and health risks for LGBT Veterans, and providing resources for clinical staff on engaging in culturally-competent care with LGBT Veterans. The Hines HPDP Program also helps oversee transgender patient behavioral health services. Specific opportunities within transgender patient behavioral health services include psychological assessment and individual treatment, including psychological evaluations prior to medical intervention. This programming may involve interdisciplinary collaboration among Endocrinology, Primary Care, Pharmacy and Mental Health. Transgender patient services are presently small but are anticipated to grow.

GOALS:

The overall goal of this rotation is to develop the advanced knowledge, skills, and abilities to function as a medical system leader in LGBT health promotion and chronic disease prevention. Specifically:

1. Provision of specialty LGBT health psychology assessment/intervention through participation in individual and group health promotion/disease prevention programs
2. Participation in the training of primary care team members and other medical center clinicians in evidence-based methodologies to effectively communicate with, motivate, coach and support LGBT health promotion and disease prevention
3. Provision of curbside and formal consultation with interdisciplinary primary care team members and others in supporting LGBT patient health promotion and disease prevention

4. Participation in the medical center's Health Promotion and Disease Prevention Committee as well as immersion in program development and outcome evaluation of disease prevention and chronic disease management programs

TRAINING OBJECTIVES:

1. Knowledge of and ability to effectively develop and implement health behavior interventions for the promotion of general health and address health risk behaviors as part of disease prevention and chronic disease management for LGBT individuals
2. Ability to provide health behavior assessment and intervention with patients with multiple co-morbidities and/or chronic disease, special needs and complex clinical presentations
3. Knowledge of and ability to utilize and modify existing evidence-based behavioral health resource materials as well as develop new materials
4. Demonstrate ability to serve as a lead clinician in LGBT behavioral health programs
5. Contribution to the training of primary care team clinicians and others in evidence-based methodologies to more effectively communicate with, motivate, coach, and support patients in increasing awareness about relevant health risks, assisting patients in clarifying personal goals for health promotion and disease prevention programs and developing individualized patient self-management plans
6. Develop skill in consulting with and supporting the other primary care, prevention and patient health education team members in conducting LGBT preventive medicine programs
7. Clarify and appropriately respond to requests for consultation in a timely manner
8. Use appropriate outcome measures to assess the efficacy of interventions

SUPERVISION:

The Fellow will meet at least weekly for a minimum of one half-hour with the supervising HPDP LGBT and Minority Health Co-Chair regarding core educational, consultative and program developmental competencies, as well as overall Fellow professional development. Additional 'as needed' or curbside consultation will be available. Further, Psychologist Dr. Erin Zerth will supervise any transgender behavioral health clinical work. Congruent with the post-doctoral level of training, supervision of clinical experiences will be consultative in nature, with the Fellow guiding the supervision material to be discussed. The Fellow will also be expected to participate in regular hospital committee meetings associated with health promotion/disease prevention, and will be required to actively participate in several aspects of such meetings (e.g. updating committee on program development, presenting relevant research literature reviews, case presentation or providing a formal staff in-service).

EMPHASIS IN NEUROPSYCHOLOGY

The Hines VA Psychology Service has three clinical neuropsychologists assigned to cover neuropsychology services throughout the hospital. This postdoctoral experience provides training that emphasizes core domains, including clinically based assessments, TBI rehabilitation services, consultation experience, didactic training, opportunities to provide supervision, and research inquiry. Fellows will complete several major rotations in an attempt to gain competency in the core domains: 1) Outpatient Neuropsychology, and 2) Polytrauma/TBI. In addition, all post-doctoral trainees will have an opportunity to participate in minor areas of study aimed at broadening their neuropsychology experience (see complete list below). The Training Director, in concert with the Fellow's Mentor (and Neuropsychology team) and the Fellow, will formulate an individualized training plan that emphasizes basic practice competencies and maximizes each Fellow's training goals. While at least half of the Fellow's time will be engaged in clinical neuropsychology rotations, Minor Rotations, additional elective training experiences (described below) and optional research or an adjunctive administration rotation will fill the remainder of the Fellow's time. Drs. Kinsinger, Riordan, Urban and Wiley are available as Mentors in this Emphasis.

Training prepares the Fellow in this Emphasis to achieve advanced practice knowledge and skills appropriate for independent licensed professional practice across the following core competencies:

- Demonstrates understanding of neuroanatomy
- Demonstrates effective clinical interviewing skills
- Demonstrates accurate administration of neuropsychological tests
- Demonstrates accurate interpretation of neuropsychological tests and overall case conceptualization
- Demonstrates effective and useful report writing
- Understands neurocognitive disorders commonly associated with aging
- Demonstrates effective consultation skills in neuropsychology
- Demonstrates effective supervision of neuropsychology interns/externs
- Demonstrates effective neuropsychology didactic presentation skills
- Understands diversity issues relevant to neuropsychology

ASSIGNMENT SUPERVISORS: David Kinsinger, Ph.D.,
Patrick Riordan Ph.D., ABPP-CN,
Amanda Urban, Ph.D., and Anne Wiley, Ph.D.

ASSIGNMENT LOCATION: Psychology-Building 228
Throughout Hospital

ASSIGNMENT DESCRIPTION:

This experience will emphasize a clinically-oriented, flexible approach to neuropsychological assessment. Individualized qualitative and quantitative assessment techniques which are designed to answer specific referral questions will be highlighted. The Fellow will learn how to operate in the role of a consultant, providing neuropsychology services to both inpatient and outpatient populations. Referral sources include Neurology, Psychiatry, General Medical and Surgical, and other medical services. Referral questions are varied but may include diagnostic differentiation, documentation of symptoms related to specific neurological disorder/disease, rehabilitation/vocational needs, behavioral management, and determination of medical/financial capacity. Opportunities to become familiar with CT, MRI, SPECT, and EEG reports will be available, allowing the trainee to correlate neuropsychological findings with neuroanatomical dysfunction. The student will be exposed to a wide variety of neurocognitive disorders, including but not limited to: known and suspected dementias (including cases of MCI), strokes and vascular disease, traumatic brain injury, toxic/metabolic disorders, aphasia, amnesic syndromes, various neurological diseases, and neuropsychiatric disturbances. The Fellow will become skilled at providing feedback to the patient, family members, and other health care providers. Trainees will have the opportunity to provide supervision to practicum students and neuropsychology interns from our APA accredited psychology internship program. Each week, fellows will be required to attend the Neurology case conference and the Neuropsychology didactic. By the completion of post-doctoral training, the Fellow will have completed a formal neuroanatomy course and there will be ongoing opportunities to attend brain cuttings during the course of training.

Description of Major Rotations:

1. Outpatient Neuropsychology: Patients will be scheduled into the fellow's Neuropsychology clinic and seen on an outpatient basis. Fellows will be entirely responsible for completing comprehensive evaluations, including interviewing and evaluating patients, writing reports, providing patient feedback, and consulting with the medical provider when necessary. Consultation questions commonly involve differential diagnosis of dementia, but fellows will have an opportunity to gain experience with a broad spectrum of referral questions and a wide-variety of neurocognitive disorders.
2. Polytrauma/TBI: Primary duties will include providing neuropsychological assessments to patients with known or suspected traumatic brain injury. The patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in IED blasts, mortar attacks, or motor vehicle accidents resulting in a traumatic brain injury. Many of the patients are young (20's), but ages may vary (20-55). Fellows will be responsible for conducting the clinical interview and neuropsychological testing, writing the report, and providing feedback to patients and family members regarding the evaluation results and recommendations. Opportunities to provide education regarding traumatic brain injury to patients, family members, and fellow team members will also be available. Fellows will learn how to work as part of an interdisciplinary treatment team by attending weekly Polytrauma administrative meetings and/or interdisciplinary staffings. If interested, opportunities to shadow other

rehabilitation professionals and participate in a family support/education program may also be available during this rotation.

Additional (elective) Training Rotations:

- Spinal Cord Unit: psychological assessment and intervention; neurocognitive screenings
- Acute Inpatient Rehabilitation Unit: psychological assessment and intervention; neurocognitive screenings
- Blind Rehabilitation Unit: psychological assessment and intervention; neurocognitive screenings
- Geropsychology: psychological assessment and intervention on acute, intermediate, and long-term care units; neurocognitive screenings
- PTSD: psychological assessment and intervention
- Neurology Consultation: an opportunity to round with Neurology attending and residents; basic understanding of neurology examination

GOALS AND TRAINING OBJECTIVES:

1. A thorough understanding of standardized neuropsychological assessment procedures with an emphasis on a flexible, process-oriented approach.
2. Advanced ability to independently conceptualize cases and write strong reports in a timely manner.
3. Advanced skills in neuropsychological consultation sufficient for independent practice.
4. Extensive knowledge of common neurological and neuropsychiatric disease entities.
5. Advanced understanding of brain-behavior relationships and basic neuroanatomy.
6. Development of basic supervisory skills necessary for mentoring student trainees at the graduate and intern levels.
7. Increased comfort with your professional identity as a neuropsychologist.
8. Eligibility for state licensure and board certification in clinical neuropsychology by the American Board of Professional Psychology.

SUPERVISION:

Individual supervision will be provided a minimum of three hours each week. The Fellow will have an opportunity to gain exposure to a diversity of supervisory styles since s/he will work with each of our Neuropsychology staff members. Group supervision, involving the fellow, interns, and practicum students, will also take place. Fellows will have an opportunity to gain experience as supervisors themselves, conducting supervision with Externs and Interns (under the supervision of a licensed provider). In order to help the Fellow better understand the administrative tasks of Neuropsychology, s/he will attend Neuropsychology team meetings twice each month.

Didactic programming specific to neuropsychology includes:

1. Weekly Neuropsychology Didactic: includes a mix of formal presentations, journal readings, and case presentations. A 6-week clinical neuroanatomy series will be part of this didactic series.
2. Psychology Professional Series: special topics in psychology (1.5 hours every other week)
3. Weekly Neurology Case Conference
4. An opportunity to attend brain cuttings within the medical center
5. Formal neuroanatomy course: foundations of neuroanatomy.

EMPHASIS IN MEDICAL REHABILITATION PSYCHOLOGY

This Emphasis provides the opportunity to conduct assessment and intervention with a broad range of medical disabilities that may include physical, sensory, neuro-cognitive, emotional and/or behavioral components. The Hines VA Hospital is fortunate to have 5 distinct medical rehabilitation programs that provide a breadth of experience found at very few medical centers. These programs include: Acute Medical Rehabilitation, the Blind Center, Geriatric Rehabilitation, the Polytrauma Program and Spinal Cord Injury. The Acute Medical Rehabilitation Program, Blind Rehabilitation Program and the Spinal Cord Injury Program are all CARF accredited.

The fellow in the medical rehabilitation emphasis area will develop a comprehensive knowledge of rehabilitation theory and expertise by working through several of these settings. The 2015-2016 fellowship year will be structured as follows:

- 12-month half-time rotation in the Inpatient Acute Rehabilitation & Subacute/Geriatrics Programs
- 6-month half-time rotation in the TBI/Poly Trauma Psychology Program
- 3-month half-time rotation in the Blind Center Program
- 3-month half-time rotation in the Spinal Cord Injury Center

In addition to the major rotations listed above, the Fellow complete either one 12-month long minor rotation or two 6-month long minor rotations of his or her choosing (minor rotations are listed below). Drs. Ghaffari, Kiebles, Pichler-Mowry and Schmitt are available as Mentors in this emphasis area.

Over the course of the year the Fellow in the medical rehabilitation emphasis area will provide a variety of clinical services, including psychological and brief neuropsychological assessment, counseling, psychotherapy and psychoeducation to the patient and their significant others (e.g., family members, caregivers). The Fellow will have considerable opportunities to serve as a member of interdisciplinary teams and provide consultation and cross-collaborative services to other healthcare professionals, including physicians, nurses, social workers, physical and occupational therapists, dieticians and blind rehabilitation specialists. There will also be ample opportunity for participation in interdisciplinary didactics, administration, teaching, program development, and outcome evaluation.

The Fellow is also expected to attend and participate in bi-monthly didactics offered through Primary Care and the Medical Rehabilitation psychology staff. These didactics are intended to enhance the Fellow's clinical knowledge within the area of Medical Rehabilitation and are in addition to the didactics provided by the overarching Fellowship Program. Finally, the Fellow will provide direct supervision of psychology practicum students or interns. The Fellow will be trained in various methods of supervision and will receive supervision of supervision as well.

ASSIGNMENT SUPERVISORS & LOCATIONS:

Azi Ghaffari, Ph.D.; SCI Unit Bldg 128

Jennifer Kiebles, Ph.D.; Inpatient Acute Rehab & Subacute/Geriatrics Units

Golnaz Pajoumand, Ph.D.; SCI Unit Bldg 128

Rene Pichler-Mowry, Ph.D.; TBI/Polytrauma Psychology Program Bldg 228

Laura Schmitt, Ph.D.; Blind Rehabilitation Center Bldg 113

TRAINING GOALS:

The training is provided over the course of the year and reflects the core competencies of the American Board of Rehabilitation Psychology. Core training will include advanced skill development related to:

- Professional identity as a medical-rehabilitation psychologist in interdisciplinary medical settings.
- Diagnostic interviewing, psychological and neurocognitive assessments, including adjustment to disability for Veterans, family and caregivers; comprehensive and Veteran-centered integrative report writing, to enhance physical and mental well-being; and accurate documentation in electronic record system.
- Implementation of evidence-based therapeutic interventions, both individual and group format, with particular attention to adapting interventions to make them accessible and useful for Veterans with cognitive, physical and sensory functional impairments.
- Communication and feedback to patients and their families regarding assessment results, treatment planning, treatment progress, and treatment outcomes.
- Consultation and effective communication with physicians, nurses, and other disciplines regarding patient needs, adjustment, and behavior; in some cases, fellow will have the opportunity to work with staff members to develop behavioral intervention plans and implementation real-time.
- Identification and management of ethical and legal issues encountered in the medical and rehabilitation settings (e.g., medical decision making capacity, use of restraints, caregiver ability and capacity).
- Thorough knowledge of current HIPPA standards and APA ethical principles as applied to the VA setting.

TRAINING OBJECTIVES

1. The enhancement of assessment and interviewing skills:
 - a. Review medical records, interview and assess a minimum of 20 new patients during each 6-month rotation on the Inpatient Acute Rehabilitation Unit.
 - b. Assess the psychological functioning of each patient. This will include possible DSM-5 diagnoses, overall adjustment and the quality of social support system.
 - c. Conduct mental status screening during each assessment. Utilize other neuropsychological screening devices as appropriate per consultation request.
 - d. Produce a written product for each assessment that is done in language which is technically correct and suited for medical/rehabilitation professionals.

2. The enhancement of psychotherapy skills:
 - a. Conduct individual supportive or growth oriented psychotherapy.
 - b. Provide assessment feedback to each patient and appropriate family members.
 - c. Refine and adapt their own therapy model for working with a person with a disability, understanding medical, social and environmental barriers to full community integration. Develop interventions and treatment goals that are specific for each patient.
 - d. Develop and present psychoeducational material at the multidisciplinary rehabilitation enhancement group, 2 times per month; and/or facilitate a processing group focused on identification of strengths, goals in rehabilitation and coping with medical stressors, 1 time per week.
3. The enhancement of skills of consultation skills:
 - a. Develop a familiarity with models for the provision of psychological consultation in medical and rehabilitation settings.
 - b. Provide independent consultation to members of the professional staff directly working with a patient. This may be done on an emergency or routine basis.
 - c. Participate in interdisciplinary meetings, including Veteran/family team meetings. Present findings and recommendations based on the results of the psychological assessment. While maintaining patient-centered philosophy, develop objective, data driven treatment plans.
 - d. Understand and consider the dynamics of the institution, culture of PM&R, team dynamics, the institutional policies and other influences on the treatment program.
 - e. Establish individual professional identity as part of the rehabilitation treatment team.
4. Develop a specialty knowledge base with regard to disability, physical medicine and rehabilitation, and the role of rehabilitation psychology:
 - a. Each Fellow may choose to shadow a Veteran and his/her providers for a day or more to increase understanding of the rehabilitation process.
 - b. Become familiar with readings and research in rehabilitation psychology as well professional material from other related fields.
 - c. Become familiar with legal and political issues as they pertain to aging and disability.
 - d. Become familiar with the professional roles and philosophies of other rehabilitation team members.
 - f. Attend didactic seminars and workshops as available.

SUPERVISION:

Supervision is designed to facilitate the postdoctoral Fellow's professional identity with emphases on support, honesty and excellence. The level of knowledge of the postdoctoral Fellow will continue to develop throughout the rotations through attendance and participation in didactic experiences. Didactic content will include the following areas: blind rehabilitation, spinal cord injury, polytrauma, geriatrics, medical psychology, and basic neuropsychology. There will be opportunities for advanced Fellows to instruct and to supervise pre-doctoral Fellows.

Fellows are scheduled for a minimum of 3 hours direct, individual supervision per week on a full-time rotation. Both formal and informal supervision will be provided. Additional supervision is always available as needed and can be scheduled on a regular basis. At the post-doctoral level, it is expected that supervision will be more consultative in format and that the Fellow will be responsible for selecting the work material that is to be discussed. Assessment and intervention strategies will be addressed but broader issues of personal and professional identity are just as likely to be focused on. Formal evaluation of written work and assessments is ongoing throughout the rotation. Fellows are expected to become more autonomous as the rotation progresses and their skills develop.

ROTATION DESCRIPTIONS:

The Fellow's responsibilities and activities in the Medical Rehabilitation area of emphasis afford training across a range of competencies as described in the Goals and Objectives above. The Fellow will also complete either one 12-month or two six-month minor rotations of his/her choosing to further focus on specific sub-populations or competency areas. Minor rotations require six to eight hours per week.

Inpatient Acute Rehabilitation, Subacute / Geriatrics Units

This is a year-long, half-time rotation supervised by Dr. Jennifer Kiebles. The Hines VA Comprehensive Interdisciplinary Inpatient Rehabilitation Program (CIIRP) is a 10-bed inpatient acute rehabilitation unit. Acute rehabilitation admission requirements include the ability and willingness to participate in at least 3-4 hours of structured therapy, 6 days per week. The patients range in age from mid-20s to mid-90s. The unit offers comprehensive acute rehabilitation for Veterans who have sustained a traumatic brain injury, stroke, amputation, or have elected to have spinal surgeries, knee and hip replacement procedures. Additional rehabilitation needs include cardiac rehabilitation and prosthesis training.

The Hines VA Subacute Rehabilitation and Geriatrics Transitional Care (GTC) unit is a 20-bed inpatient medical and rehabilitation unit that offers more intensive medical management and subacute rehabilitation services. Subacute admission requirements include the ability and willingness to participate in 1-2 hours of structured therapy, 3+ days per week, for most residents. The GTC is governed by long-term care standards and is an extension of the Community Living Center (CLC; a.k.a., Extended Care Center, or ECC). The patients range in age from mid-50s to mid-90s. The unit offers services to address myriad medical needs and can address full range of functional limitations and disability. Discharge plans range from return to independent living, assisted living, or transition to nursing home care and/or end-of-life care.

Depending on need, typical rate of consultation to psychology services ranges from 25-50% of new admits. A consultation involves at a minimum, initial psychological evaluation within the rehabilitation psychology framework, including focus on strengths, abilities, and preferences honoring individual autonomy. The most commonly encountered psychiatric diagnoses include: the mood disorders (from adjustment reaction to major depression); PTSD; personality pathology and substance abuse. Related to age and medical comorbidities, up to 25% may be demonstrating evidence of cognitive impairment while on the unit. The psychologist conducts initial evaluations, provides brief interventions, supportive therapy, offers group therapy, consultation to team and referrals for outpatient services.

The Fellow who chooses a major rotation in the CIIRP or GTC (but not both simultaneously) will have the primary responsibility for the assessment, treatment and management of any and all psychological issues presented by the individuals on their caseload, as well as consultation to the team and attendance at team meetings. The interdisciplinary team consists of providers from medicine (PM&R or Geriatrics), nursing, social work, physical therapy, kinesiotherapy, occupational therapy, speech language pathology and pharmacy services.

The scope of practice would be based on the Fellow's training experiences and competencies in clinical psychology, as well as any prior training in health, rehabilitation and/or geropsychology. The Fellow would also be encouraged to develop their own expertise by seeking out and applying relevant scholarly literature and other sources within the rehabilitation framework. Clinical supervision would be provided by the staff psychologist, who provides psychology services to both units.

The Fellow will have the opportunity to focus on rehabilitation psychology specific competencies as defined by the American Board of Professional Psychology (ABPP) in the domains of assessment, intervention, and consultation. Core competencies addressed can include: Patient and family adjustment to disability, identification of preserved abilities and strengths, education and vocational capacities, personality and emotional assessment, cognitive and decisional capacity evaluation, pain, sexual health and functioning assessment, substance use history evaluation, and social / behavioral functioning assessment. Interventions can include: Individual, couples and/or family psychotherapy, behavioral management, sexual counseling, pain management, and group therapy. Consultation opportunities include: Working with the interdisciplinary team to enhance behavioral and cognitive functioning, identification of educational and vocational considerations, personality and emotional factors impacting rehabilitation process, substance abuse identification and management, sexual health considerations with disability. Other competencies in consumer protection, professional development and supervision may also be addressed.

Other responsibilities include: Attending interdisciplinary team meetings 1-2 times per week, supervising psychology interns, presenting to team on rehabilitation psychology topic, and participating in new program developments.

TBI/Poly Trauma Psychology Program

This is a 6-month, half-time rotation supervised by Dr. Rene Pichler-Mowry. Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities. Blast injuries (i.e., improvised explosive devices (IED's)) resulting in Polytrauma and Traumatic Brain Injury (TBI) are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). TBI frequently occurs as part of the Polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, posttraumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI.

Hines is a Polytrauma Network Site (PNS). As a PNS, Hines provides key components of post-acute rehabilitation care for individuals with Polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of rehabilitation professionals, including but not limited to Psychiatry, Physical Therapy, Occupational Therapy,

Speech and Language Pathology, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to Veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When Polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of Polytrauma/TBI Veterans.

As part of the TBI/Polytrauma Psychology Program, the Fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries. The patient population mainly consists of newly returning Veterans from Iraq and Afghanistan who have been involved in blasts, mortar attacks, or motor vehicle accidents. Patients represent a variety of racial and ethnic backgrounds. Most of the patients are young (20's), but ages may vary (22-55).

Primary duties will include providing psychotherapy to the TBI/Polytrauma patients. Typically, the Fellow will treat the patients on a weekly basis. Treatment modalities include individual therapy, couples therapy, family therapy, and potentially group therapy. The fellow will create an appropriate treatment plan with goals, interventions, etc.

The Fellow will have the opportunity to attend weekly TBI/Polytrauma administrative meetings and/or interdisciplinary patient staffings. Interdisciplinary opportunities are necessary with providers from other departments/disciplines to ensure quality comprehensive patient care. The Fellow will have the opportunity to work with patients that present with chronic pain and other health related issues. The Fellow will learn how to use relaxation skills and biofeedback in an outpatient mental health setting. Additionally, there is opportunity to learn and implement evidence-based treatments for PTSD (i.e., CPT and PE).

Blind Rehabilitation Center

This is a 3-month, half-time rotation supervised by Dr. Laura Schmitt. The Hines Blind Rehabilitation Center is a 34 bed residential treatment center. Legally blind veterans from 14 Midwestern states are referred here for intensive blind rehabilitation training. The patients range in age from their late teens to their late 90s but the majority are in their 60s and 70s. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills, and will last from 6-14 weeks depending on the needs and abilities of the patient.

All new patients are assessed by Psychology for their adjustment to blindness, their cognitive abilities, and their overall psychiatric status. The most commonly encountered psychiatric diagnoses include: the mood disorders (from adjustment reaction to major depression); PTSD; and, substance abuse. Approximately 10% have significant neuropsychological deficits, while less than 5% have been diagnosed with schizophrenia, bipolar disorder, borderline personality disorder or antisocial personality disorder. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in adapting their program to the limitations a patient may have.

The most common causes of blindness are: macular degeneration; glaucoma; diabetic retinopathy; and, trauma. A variety of other ocular disorders are also represented. The majority of patients have significant medical/physical conditions, which may or may not be related to their vision loss (e.g. diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension,

renal failure, etc.). The Fellow is expected to become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and progress in rehabilitation.

The Fellow who does a major rotation in the BRC would have the primary responsibility for the assessment, treatment and management of any and all psychological issues presented by the individuals on their caseload. Their scope of practice would be based on Evidence Based Practice in Psychology (EBPP) as recommended by the 2005 Preferred Practices Patterns for Psychologists in VA Blind Rehabilitation. The Fellow would also be encouraged to develop their own expertise by seeking out and applying relevant literature through the internet and other sources. Clinical supervision would be provided by the incumbent BRC psychologist.

In addition to patient assessment and intervention the Fellow will provide consultation on a regular basis to the BRC rehabilitation teachers in 5 departments as well as medicine, nursing, optometry, and social work. The Fellow will have the opportunity to consult with other sections of Hines Hospital and to obtain consultation from other psychologists and mental health professionals with different expertise (e.g. pain control, addictions, PTSD, psychopharmacology, etc.) The Fellow will participate in team meetings and the development of individual care plans.

Other responsibilities and options include: teaching a psychology class to blind rehabilitation interns and participating in ongoing satisfaction and outcome research or initiating a research protocol of their own design.

Spinal Cord Injury Unit

Hines Spinal Cord Injury Service (SCIS) is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care, and outpatient care to veterans having a spinal cord injury or patients receiving care in our MS clinic. The veteran population tends to be bi-modal in age with younger veterans acquiring traumatic injuries due to accidents, etc. and older veterans acquiring SCI due to progressive disease or injuries related to falls, etc. The hospital-based SCIS consists of two 27 bed units with approximately 6-8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility houses 30 veterans with spinal cord injuries and who require long term residential care. Finally, SCI outpatients are seen for follow-up in the acute hospital setting as well as in the home based care program.

As mentioned above, the hospital based SCIS consists of two 27 bed units: SCI-South (Acute Medical/Sustaining Care Inpatient) and SCI-N (Acute Rehabilitation Inpatient). The average length of stay for SCI-South veterans can vary from very short stays to extended (over a year), so interventions provided by psychology vary from brief solution focused therapy to more extended psychotherapy. On the other hand, average length of stay for the acute rehabilitation program is 8-12 weeks. The veterans range in age from 20 years to over 80 years, so the opportunity to treat individuals in a broad range of life stages is available.

Approximately 10% have a head injury or dementia that impacts their cognitive function. SCI-S sees both newly injured and old injury patients. Psychology interns will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, and sexuality. In addition, family therapy and caregiver support opportunities may also be available. Moreover, Fellows may have an opportunity to co-lead support/psychoeducation groups, and become involved in various projects, including those related to performance improvement.

Patients seen in the SCI outpatient clinic are veterans generally presenting for follow-up medical care or routine health screenings (e.g. annual evaluation). Coverage of the outpatient clinic by SCI psychologists is provided to identify and triage veterans in need of mental health services. Services provided include: brief diagnostic interview/assessment, formal diagnostic testing (as needed), preventive health screening and counseling, and consultation with clinic physicians and nursing staff. Patients who are initially seen in the outpatient clinic may therefore be seen for ongoing psychotherapy and behavioral health management.

Overall, SCIS a multidisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. The treatment team consists of medicine, occupational therapy, physical therapy, social work, nutrition, educational therapy, recreational therapy, vocational rehabilitation, nursing, psychology, and other specialties. Fellows will participate in weekly interdisciplinary discharge rounds, and have an option to attend weekly rounds with the physicians and psychologists. The workload activities on this rotation tend to be evenly distributed between consultation, assessment and individual therapy.

Patients present with a variety of spinal cord problems (both traumatic and non-traumatic) as well as psychological problems which may or may not be related to their spinal cord impairment. Veterans may present with medical complications associated with their spinal cord injury, acute/chronic medical conditions that require hospitalization, or sub-acute rehabilitation. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders, cognitive impairment, and/or substance abuse. Psychology Fellows will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, and sexuality. The SCI psychologists provide assessment and individual counseling to all rehabilitation patients, coordinates psychological and psychiatric care with the patient's attending physician, and acts as a consultant to the treatment team as necessary.

MINOR ROTATIONS

The following is a list of possible minor rotations for the Fellow to choose from. The Fellow must choose two six-month minor rotations with training activities that complement (and do not duplicate) those of the Fellow's Major Rotations to ensure sufficient training is received in psychotherapy, assessment, and consultation across the year. As noted above, minor rotations require six to eight hours per week.

Mental Health Clinic

The Mental Health Clinic serves a socio-economically and an ethnically diverse population of psychiatric outpatient veterans (with possible contacts with collaterals as well). Problems treated include PTSD, other anxiety disorders, mood disorders, adjustment disorders (including adjustment to a variety of medical problems), marital/family problems, psychoses, personality disorders, substance abuse, and habit control issues. Interdisciplinary treatment modalities include individual, group, and couples/family therapy, hypnosis, and psychopharmacology. Psychologist responsibilities include assessment/ evaluation, treatment planning, individual psychotherapy, and team consultation. Acquaintance with and application of evidence based approaches as appropriate is encouraged. Therapy conceptualizations include integrative, cognitive behavioral, ACT, and solution-focused approaches.

Supervisors: Jonathan Sutton, Ph.D. and Scott Maieritsch

Mental Health Service Line Intake Center

The MHSLIC at Edward Hines, Jr. VA Hospital is the entry point for new patients (veterans eligible for VA mental health services) seeking mental health services at Edward Hines, Jr. VA Hospital. Such services may include triage/screening, assessment and/or emergent treatment as well as subsequent referral/disposition for all patients seeking services from the MHS. Patients may be referred to the MHSLIC by self, other services within or outside of Edward Hines, Jr. VA Hospital. MHSLIC also provides emergent and urgent supportive and backup services to patients currently enrolled in the various MHS programs/clinics at Edward Hines, Jr. VA Hospital. Such patients would be coming to MHSLIC on referral, as walk-ins, or as ER consults.

Supervisors: Patrick Nowlin, Ph.D. and Kristin Raley, Ph.D.

Primary Care Behavioral Health Program

The Primary Care Behavioral Health (PCBH) Program provides collaborative and biopsychosocially oriented consultation, assessment and intervention services within Primary Care's "Patient Aligned Care Team" (PACT). Psychology plays an integral role within the interdisciplinary PCBH Team in assisting primary care providers manage the overall health and well-being of their respective patient panels. PCBH provides same-day, open access behavioral medicine services via consultation with primary care teams as well as targeted evaluation and brief individual treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns. PCBH also provides focused care management based on the Behavioral Health Laboratory as well as behavioral and mental health group treatment for primary care and specialty clinic patients. Evidence based treatment modalities are encouraged as appropriate.

Supervisors: Julie Horn, Ph.D., and Erin Zerth, Ph.D.

Substance Abuse Residential Rehabilitation and Treatment Program (SARRTP)

The SARRTP provides treatment to veterans with substance use disorders requiring a higher level of care than traditional outpatient treatment. Patients reside in this highly structured environment for 14-21 days. They participate in intensive, primarily group, treatment drawing from CBT, Motivational Interviewing, Anger Management, Coping Skills, Seeking Safety, Relapse Prevention, and 12-step facilitation. Patients also attend psycho-education classes daily, recreation therapy, spirituality groups, and participate in a daily exercise program. The treatment team is interdisciplinary consisting of a psychologist, a psychiatrist, 3 social workers, 2 nurses, 2 addiction specialists, and trainees (social work and nursing). This rotation is focused on providing education and assessment for veterans who have experienced trauma and have comorbid substance abuse/dependence. The Fellow will have the opportunity to complete detailed evaluations and facilitate complex treatment planning for veterans enrolled and pending discharge from the SARRTP. This quarter-time rotation will be primarily focused on assessment, and will also likely include a program evaluation and/or research component.

Supervisor: Amber Singh, Ph.D.

EMPHASIS IN TRAUMA AND POSTTRAUMATIC STRESS DISORDER

The Trauma Services Program provides specialty treatment for veterans who have experienced trauma and its sequelae, with particular focus on using evidence-based practices throughout. We also treat a significant number of patients with comorbid PTSD and substance abuse, as well as other behavioral health and mental health disorder. We follow the recovery model, which focuses on values assessment, systems and family issues, and patient choice. Participation in our Program requires and fosters advanced and broad knowledge of the research and theoretical underpinnings of PTSD, along with its etiology (including attachment theory, biopsychosocial theory, and cognitive strengths and weaknesses); its physical, intellectual, behavioral, and emotional concomitants; and its relationship to comorbidities.

ASSIGNMENT SUPERVISORS: **Sheila Baer, Ph.D.**
 Holly Hunley, Ph.D.
 Kelly Maieritsch, Ph.D.
 Kurt Noblett, Ph.D.
 Barbara Pamp, Ph.D.
 Dana Weber, Ph.D.
 Laurie Wiedeman, Psy.D.

ASSIGNMENT LOCATION: **Trauma Services Program, Building 228, 4S**

ASSIGNMENT DESCRIPTION:

The Fellow serving in this Emphasis area will focus on providing education, assessment, and psychotherapy for veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning; patients do not have to meet full criteria for the PTSD diagnosis. Veterans may have experienced all types of trauma, including but not limited to combat, sexual assault, physical assault, motor vehicle accidents, and natural disasters. They may also have the dual diagnoses of PTSD and Substance Use Disorder or other mental health diagnoses. Patients consist of men and women representing all eras of service (e.g., Vietnam, Desert Storm, and OEF/OIF/OND). The Fellow will be expected to have strong conceptualization skills and the ability to integrate various theoretical models in individual treatments for PTSD and in group therapies designed to prepare individuals for trauma-focused treatment. The Fellow will have awareness of individual differences, along with the ethnic, cultural, and gender diversity of a veteran population, and will routinely integrate these into standard practice.

The Fellow will serve his or her entire Fellowship year within the Trauma Services Program, with major focus on achieving advanced knowledge and skills appropriate for independent licensed professional practice. Responsibilities include provision of services, interdisciplinary consultation, administration, teaching, program development, and outcomes evaluation using standard outcome measures (e.g., the PCL). The Fellow will have the opportunity to participate in all aspects of the program, with the primary goal of obtaining training in a range of core competency areas and to augment this training with minor rotations that foster depth and breadth of training. The Fellow will complete at least two minor rotations based on sub-populations and/or co-occurring diagnoses, and focus on expanding skills in related competency areas (e.g., dual diagnosis, behavioral health integration). Additional time, to be determined with the primary supervisor, may also be afforded to complete research and/or administrative projects.

The Fellow will provide empirically-based individual therapies for PTSD and other trauma sequelae, including but not limited to Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). It is expected the Fellow will have experience providing these therapies on Internship or in previous practicum settings. If the Fellow has not already completed formal training in CPT, he or she may have the opportunity to do so and, upon successfully completing the training and licensure, may apply for CPT provider status. The Fellow will also have the opportunity to facilitate groups, including Basic Skills, Anger Management, and Emotion Management (derived from DBT skills). Along with staff and other trainees, the Fellow will facilitate TSP's introductory psychoeducation class disseminating information regarding trauma, trauma reactions, and therapy options to veterans. In all aspects of clinical service provision, the Fellow is expected to employ objective assessment self-report measures for both diagnostic and outcome purposes, as well as for treatment planning. He or she will also receive training in using the Clinician Administered PTSD Scale (CAPS).

The Trauma Services Program currently consists of seven psychologists, one social worker, and a part-time psychiatrist. Weekly staffing meetings with the entire treatment team provide the opportunity for consultation, case discussion, and treatment planning. Weekly consultation meetings provide further training and consultation in the implementation of evidence-based practice. The Fellow will provide consultation and teaching via these meetings as well as in other settings (e.g., Intern seminars) during the fellowship year, and may also provide training and consultation for other VA staff. Finally, the Fellow will provide direct supervision of Psychology practicum students. The Fellow will also be trained in various methods of supervision and will receive supervision of supervision.

In sum, the Fellow in the PTSD Emphasis area will focus on developing his or her skills across a range of competencies, captured in the broad Goals and specific Objectives listed below.

GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview (Assessment/Scholarly Inquiry).
2. Develop treatment plans specific to the unique mental health needs of each patient (Assessment/Therapy/Scholarly Inquiry).
3. Exhibit competence in the administration of empirically based treatments (Therapy).
4. Provide consultation with and to other staff members who provide multidisciplinary care to patients (Consultation).
5. Provide and participate in didactics for the Internship/Externship training programs (Teaching).
6. Follow and document patient activity in accordance with Trauma Services standard operating procedures (Professional Conduct).
7. Function autonomously and responsibly in handling all aspects of patient care (Professional Conduct).
8. Demonstrate the skills, knowledge and self-confidence necessary to supervise psychology externs in their work with PTSD patients.
9. Demonstrate knowledge of racial, ethnic, and gender factors related to diagnosis, treatment and recovery in PTSD.
10. Demonstrate an ability to plan, implement and analyze research related to PTSD.

OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview. Select and administer appropriate, psychometrically sound assessment measures (e.g., CAPS, SCID, MINI, MMPI, and PAI) specific to patients' needs. Review patient records and integrate information from the chart and diagnostic interview into

comprehensive reports. Utilize psychotherapy outcome measures (e.g., PHQ-9, BAI, PTSD checklist) for quality assurance and treatment planning.

2. Develop treatment plans specific to the unique mental health needs of each patient, incorporating data from assessment and interview to direct treatment strategies. Draft detailed treatment plans for each new patient and modify these over the course of treatment as needed.
3. Exhibit competence in the administration of empirically-based individual treatments, including but not limited to Prolonged Exposure and Cognitive Processing Therapy. Serve as primary facilitator or co-facilitator in weekly psychotherapy or psychoeducation groups. Demonstrate familiarity with evidence-based group treatments for PTSD and associated features, including, for example, Anger Management and/or Emotion Management, along with motivational interviewing and integrated treatments for comorbid PTSD and behavioral health problems.
4. Provide consultation to other staff members who provide multidisciplinary care to patients. Attend weekly clinical staffing meetings with Trauma Services treatment team. Provide referrals for medication management, pain management, or other services as appropriate.
5. Prepare and present formal scholarly, clinical, or professional development presentations. This includes participating and presenting at least once in the Consultation series for the Interns and Externs within Trauma Services. In addition, provide at least one didactic presentation regarding professional development and one on a scholarly topic or clinical case for Hines' Internship training seminar series.
6. Provide accurate and timely follow-up to patient activity through phone contact, electronic database maintenance, and charting of treatment documents and outcome assessment.
7. Function autonomously and responsibly in handling all aspects of patient care by completing reports and treatment notes in a timely manner. Schedule initial sessions quickly and respond to no-shows/cancellations effectively and within the designated timeframe of Trauma Services' standard operating procedures. Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.
8. Provide one hour weekly supervision to Psychology Extern(s) rotating in Trauma Services. This will include supervision of an Extern facilitating the Skills Group and, as available, supervision of an Extern on one individual treatment case.
9. Participate in Fellowship year training activities regarding diversity issues and incorporate that knowledge in the provision of all services in TSP.
10. Complete one research, program development, or program evaluation project within Trauma Services Program with publication draft, poster, or internal report as final work product.

SUPERVISION:

Supervision will be provided to the Fellow in accordance with APA licensing guidelines for the state of Illinois. The Fellow will have 3.5 hours of supervision divided among three areas. The Fellow will have a primary supervisor who will meet with the Fellow for 1.5 hours each week to provide supervision of all work with individuals and groups. The Fellow will also have one hour each week of supervision of the supervision that the Fellow is providing to an Extern. The Fellow will also have one hour each week of supervision of the minor rotation. These three focus areas may be supervised by two or three separate TSP staff, depending on supervisors and rotations involved. Supervision will be available via weekly meetings and on an as-needed basis. In addition, the Fellowship program requires each Fellow to have a Mentor who will meet monthly with the Fellow to ensure progress through the program overall; the Mentor may be a staff member in TSP or in another area of the Psychology services. Supervision and Mentorship notwithstanding, the Fellow will be expected to function independently as an active member of the psychology staff.

MINOR ROTATION OPTIONS:

The Fellow's responsibilities and activities in the Trauma Services Program afford training across a range of competencies as described in the Goals and Objectives above. Fellows will also complete two six-month minor rotations to further focus on specific sub-populations or competency areas. Minor rotations require six to eight hours per week of specialty assessment and clinical care. The following minor rotations are available:

Dual Diagnosis

Dr. Laurie Wiedeman is the Substance Use Disorder specialist for the Trauma Services Program and provides direct services to veterans struggling with comorbid PTSD and substance use disorders. This minor rotation will offer the opportunity to enhance assessment and psychotherapy skills with patients with complex clinical presentations. The Fellow will have the opportunity to practice these skills in TSP and in other treatment programs, typically the Substance Abuse Residential Rehabilitation and Recovery Program (SARRRP) and the Addictions Treatment Program (ATP), as available. The Fellow will also have the opportunity to develop skill in consultation across treatment programs within the service line.

Telemental Health

Drs. Hunley and Weber provide evidence-based therapies (CPT and PE) via telemental health systems, either between Hines and the Community-Based Outpatient Clinics (CBOC) or between Hines and veterans' homes. This minor rotation will offer the opportunity to expand on the implementation of traditional assessment and psychotherapy to new modes of service. This rotation will also afford the Fellow the opportunity to see a broader range of individual patients, including veterans in rural settings.

Sexual Trauma

Dr. Pamp has extensive experience and interest in the provision of services to individuals experiencing sexual trauma. This minor rotation will offer the opportunity to work with female and male veterans who have experienced sexual trauma in military and non-military setting, in adulthood as well as childhood. The Fellow will also work closely with interdisciplinary staff and

the MST Coordinator, Maryam Basmenji, LCSW, who is on the Trauma Services staff, to provide assessment, psychotherapy, and consultation services.

Behavioral Health/PTSD Treatment Integration

Trauma Services and Primary Care Behavioral Health/Health Promotion Disease Prevention have recently begun a collaborative effort to increase providers' knowledge of comorbidity of PTSD/trauma sequelae with such behavioral health problems as smoking, obesity, insomnia, and pain. This minor rotation will afford an opportunity for the Fellow to gain experience in providing integrated interventions for PTSD and the conditions noted above. In addition, the Fellow will further develop the programmatic elements of this collaboration between the two programs. Dr. Pamp will supervise this minor rotation.

ADMINISTRATIVE SERVICES:

Two full-time program assistants in Psychology Service provides limited clerical and sufficient administrative support to the Fellows. The Fellows have access to the Test Library and can request items be purchased within the limits of the budget for Psychology or the hospital. Support services available include EAP services if desired, VA legal assistance available to all VA employees, library resource services, computer and telephone technical support, and hospital day care (although usually wait-listed if not sought in advance). As federal employees, Fellows have malpractice liability covered through the protection of the Federal Tort Claims Act. Psychology Service provides additional technical services (e.g., computer trouble-shooting, software access) and some clerical support within Psychology and the Mental Health Service Line (e.g., educational registration, travel memoranda, new employee preparation).

PHYSICAL RESOURCES:

The facilities that the Fellows use in their work vary somewhat across rotations. Each Fellow has an office setting within a room shared by the six Fellows with their own desk, chair, telephone with voice mail and computer with Internet and e-mail capabilities. Some rotations offer individual offices to the Fellow on rotation with the aforementioned furnishings and equipment. Each Fellow maintains a cell phone. Psychology Service and the Mental Health Service Line have conference rooms that are sufficiently spacious to accommodate our educational programming and administrative activities. Treatment/assessment rooms in Psychology are available on a reserved basis for use by trainees. Additional rooms for treatment and assessment are also available in all rotational areas with the exception of Primary Care and Health Psychology. The Fellows providing clinical services on those rotations provide those services in the reserved treatment/assessment offices in Psychology.

The hospital provides an ideal environment to offer training that meets our Program's goals and objectives. Hines VA is one of the largest hospitals in the VHA system, with a vast array of clinical settings appropriate to our Program's goals and objectives. Psychology Service provides clinical services across a wide range of our hospital's departments, programs and clinics. These settings provide a breadth of training opportunities for Fellows for knowledge and skills development in both general advanced psychology practice competency and in emphasis areas.

ACCREDITATION STATUS

Our Postdoctoral Fellowship Program began in 2008. The Commission on Accreditation completed its first Site Visit for the purpose of initial accreditation by APA in October 2012 and awarded our Fellowship program 7 years of full APA Accreditation. Our next site visit will be in late 2019.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

GENERAL INFORMATION

Number of hours of supervised training required during fellowship = 2,080. The Program meets State of Illinois requirements for supervised postdoctoral practice hours.

Stipend - \$46,287 (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days vacation leave and 13 days available sick leave, in addition to the 10 annual Federal Holidays.

Health and life insurance coverage is available to Psychology Fellows in the VA system.

VA will provide malpractice liability coverage through the protection of Federal Tort Claims Act.

Free parking. Public transportation subsidy for Fellows using public transportation to come to work.

On-site day care center.

Personal computers with internet access in most Fellow offices and work areas.

Full use of Hines and Loyola medical libraries, including their resources and capabilities for topical searches (including Ovid and Medline), are available to the Fellows.

Various software applications (e.g., SPSS) available to all Psychology staff are also available to Fellows.

Fellows may request administrative absence to attend conferences outside the hospital and to present at them. Time at conferences is counted as work time.

There is a possibility for government background checks and for pre- and post-employment drug screening. The Program may not provide letters of recommendation to Fellows who depart the Program prior to completion of it.

QUALIFICATIONS

Applicants must meet the following requirements for admission to the Postdoctoral Fellowship Program:

1. U.S. Citizenship
2. Applicants must complete all requirements of an APA-Accredited doctoral program in clinical or counseling psychology and an APA-Accredited internship in clinical or counseling psychology prior to entering the program. Applications are accepted from applicants who are currently in the process of completing these requirements.
3. All offers for our Postdoctoral Fellowship Program are contingent upon the applicant meeting all academic requirements for their doctoral degree. Evidence in the form of a copy of the doctoral diploma, an official transcript with awarding date of the doctorate, or

a written attestation of doctoral degree from the Psychology Department Chair are acceptable forms of proof. Our Program must receive proof of doctoral degree no later than July 1, 2015. If the applicant cannot meet this deadline, the applicant may request a 30-day or a 60-day extension, to which the Program may or may not agree. If, at the end of the extension, the applicant cannot demonstrate evidence of doctoral degree or if the Fellowship does not agree to the extension, the Program's offer of acceptance into the Program is withdrawn. The Program will re-open the search process to fill that position at that time. The applicant may re-apply if he/she wishes. If the applicant has met all requirements for the doctoral degree with the exception of completion of the clinical or counseling psychology internship, and the completion date of that internship is no later than September 5, 2015, an extension will automatically be afforded the applicant. In this situation, the applicant should make every effort following internship completion to provide proof of degree to our Program as soon as possible.

APPLICATION PROCEDURE

To apply, the following materials must be uploaded in the APPA CAS for the Hines VA Fellowship program designations:

1. A cover letter that includes in detail the following elements:
 - a. A statement indicating clearly which area of emphasis/track you are applying to.
 - If you are applying the **Posttraumatic Stress Disorder** area of emphasis/track you may apply only to that one track.
 - If you are applying to the **Integrated Care, LGBT Mental Health, or Medical Rehabilitation** emphasis tracks you may apply to a maximum of **TWO** fellowship positions. Please clearly state which Fellowship position is your primary choice and which Fellowship position is your secondary choice.
 - b. Previous clinical, educational and research experience in the area of emphasis/track to which you have applied.
 - c. A description of your career goals and the way in which the Fellowship will advance them.
2. Curriculum Vitae
3. A completed Hines VA Psychology Postdoctoral Fellowship Training Program Application Form. A link to this form can be found on our fellowship program website: http://www.hines.va.gov/about/Psych_Post.asp

4. Official transcripts from graduate school (including awarding date of doctoral degree). If the doctoral degree has not yet been awarded, we will require an official transcript with awarding date before admission to the Fellowship Program.
5. Three letters of recommendation, including: one from your dissertation Chair, one from a clinical supervisor who is especially familiar with your work in your area of emphasis/track, and one from another clinical supervisor who is very familiar with your clinical work. At least one of these letters should be from an internship supervisor. The letter from your dissertation Chair should note the status of your dissertation and anticipated completion date, if your doctoral degree has not yet been awarded.
6. A fourth letter from your psychology internship training director discussing your progress on internship and anticipated completion date. If your training director is also writing you a letter of recommendation as a clinical supervisor, please ask that this letter be separate from the letter of recommendation.

Except under very unusual circumstances, all application materials must be submitted through APPA CAS. **Our application deadline is January 2nd, 2015.**

Applicants who appear to be a good fit with our program will be invited for an in-person interview in late January 2015 or early February 2015.

The 2015-2016 fellowship year will begin on September 8, 2015. The stipend is \$46,287.

Please contact Caroline Hawk, Ph.D. by phone or email if you have further questions. We enthusiastically look forward to your application!

DIRECTIONS

Hines VA Hospital is located in Chicago's western suburbs, at Fifth Avenue and Roosevelt Road, adjacent to the towns of Maywood and Broadview. Loyola University Medical Center and the State of Illinois' Madden Mental Health Center are located adjacent to Hines in Maywood.

O'Hare and Midway Airports are less than 30 minutes away by car. Downtown Chicago and the lakefront are about 15-20 minutes east of the hospital (about 12 miles).

From the North (including O'Hare Airport) or South

Take I-294 (Tri-State Tollway) - to I-290 (Eisenhower Expressway).
East on I-290 (Chicago) - to First Avenue exit (Exit #20).
Turn right (South) on First Avenue - to Roosevelt Road (Route 38).
Turn right (West) on Roosevelt - go to Fifth Avenue (the first stop light).
Turn left to enter the Hines Hospital grounds.

From the Far Western suburbs.

Take I-88 - to I-290.
East on I-290 - to (First Avenue Exit) - Exit #20.
Follow directions above from Exit #20.

From Downtown Chicago:

Take I-290 (West) - to (First Avenue Exit) - Exit #20.
Turn left (South) on First Avenue - to Roosevelt Road (Route 38).
Follow directions above from Roosevelt Road (Route 38).

Visitor Parking is readily available in parking lots in front of Building 200 (the 15 story white tower) and next to Building 228 (the Psychiatry Building), which is a newer 5-story red brick building immediately east (to the left) of Building 200. Enter Building 228, and take the elevator to the third floor. Psychology Service is on 3 South.

As an alternative, enter Building 200 and ask directions to Building 228 (Information Desk in the lobby of Building 200). Building 228 is connected to Building 200 by an indoor corridor.

If lost in either building, ask any employee for directions to this location. We all try to be friendly and helpful. Because Psychology offices are located throughout the hospital, be sure to ask directions to the specific building (Building 228), and location (3rd floor, South).

